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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 ...

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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%, 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 classified 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.

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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.

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Cardiac arrest has become one of the most common cause of death faced by individuals in today's scenario. Cardiopulmonary arrests or cardiac arrests can occur unexpectedly and increase the mortality rates. Cardiopulmonary Resuscitation (CPR) is a technique developed in an effort to save the life of patients experiencing a cardiac arrest. However, the modern CPR, in spite of being introduced 40 years ago, has not been able to improve the mortality rate. Dataset and Methods: The Study involved the analysis of publicly available information was conducted at ASIR Central Hospital in Saudi Arabia in order to collect the data of cases regarding in-hospital heart arrests in the ICU to answer the hypothesis question. In this study, the effective use of ADE has also been explored, which can be an important technique in saving the lives of patients suffering from a cardiac arrest. Some solutions can be suggested afterwards, based on the study to improve the survival rate. The study will help in exploring the important factors, which will help in improving the survival rate of patients and improving the quality of the life of patients. Conclusion: The survival outcome indicated that patients were significantly more likely to die (55.3%) than survive (44.7%) and The vast majority of patients were treated with adrenaline (96.1%) at the time of cardiac arrest, Out of those individuals who received three doses of adrenaline, a majority survived (42.5% died). Out of those who received four doses of adrenaline and were under 61 years of age.

A distinguished list of contributors from some of the major international centers covers this specialty like never before. With recent advances in ultrasound technology and pharmacology the expertise required to care for a critically ill child with heart disease takes an integrated approach with a multidisciplinary team and central focus. This resource provides comprehensive discussions of pertinent cardiac issues in the ICU setting with emphasis on perioperative care.

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.

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.

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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.

Remarkable improvements in cardiac survival rates have made cardiovascular critical care much more common, but no less challenging for the practitioner. This important volume draws on the skills of an expert team of editors and contributors to present a timely overview of clinical practice. The book covers the full range of the field, from pre-operative assessment and the haematological complications of cardiovascular surgery and critical care to the care of patients with: · Arrhythmias · Heart Failure · Adult Congenital Heart Disease · Mitral Valve Disease · Aortic Valve Disease · Infective Endocarditis · Vasculitis The authors also address the special problems associated with the management of conditions consequent upon pregnancy, eclampsia, and the hypertensive crisis. With high-quality illustrations and a helpful index, Cardiovascular Critical Care gives you access to information that helps you provide the best possible care to your patients.

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

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