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when a service asks for a consultation confirm that an epic consult order is placed consults should be seen within 30 minutes consults should be presented to either the fellow or attending if a patient is readmitted to the icu it is considered a bounce back if the same attending or fellow is on service if a patient is admitted to the icu iv drip rate calculations iv calculations are easier than they appear there are four common drip sets in two categories minidrip set which includes microdrip or pediatric set and regular drip set which include macrodrip or adult sets the various drip sets are as follows 60 gtts ml minidrip drip set 10 gtts ml regular drip set purpose of iv therapy provide fluid and electrolyte maintenance restoration and replacement administer medication and nutritional feedings administer blood and blood products administer chemotherapy to cancer patients administer patient controlled analgesics keep a vein open for guick access intravenous access devices loop diuretics are an essential component of therapy for patients with acute decompensated heart failure but there are few prospective data to guide their use in a prospective double blind objectives this study guide will emphasize the lessons taught in the zoner and the drippuppet show by the great arizona puppet theater and demonstrate how those lessons can satisfy arizona common core standards students will walk away with more knowledge of the importance of conserving water in the desert how students can save water at home use is restricted to the icu setting and is only used as a continuous drip used most commonly in patients with htn crisis situations and or patients with aneurysms dosing 0 1 mcg kg min to 10 mcg kg min though higher doses are rare due to fear of cyanide toxicity titration is usually done in 1 mcg kg min increments minute cao 2 is the content of oxygen in arterial blood and cvo 2 is the content of oxygen in venous blood i vo2 c o x cao 2 cvo 2 mlo 2 min vi what is the alveolar air equation introduction vasoactive medications are indicated when the systolic blood pressure sbp has a decrease of 30mmhg from the baseline or a mean arteriole pressure map less than 60 65mmhg and when either condition results in end organ dysfunction due to hypoperfusion o i v drip rate calculation of infusion times o continuous heparin infusion calculation and o critical care cafoulations using an infusion pump or infusion device including calculating the muhour rate the dose per minute or per hour and the dose based on infusion rate ranges co pcwp svr map hr cvp pvr nitroglycerin mcg min 20 400 drip emitter system study guide minimum criteria for pressurized subsurface absorption fields utilizing emitters subsurface systems utilizing emitters may be used in lieu of conventional or other alternative absorption fields getting started with drip training videos everything you need to know while getting started with drip vasodilatory shock particularly sepsis typically given in low doses 0 0 06 u min either as primary or secondary agent 27483065 front line agent for hepatorenal syndrome hrs in countries lacking terlipressin such as the united states central diabetes insipidus only very low doses are needed e g 0 01 units minute or less 1 of 7 triage stabilization and endpoints of resuscitation part 1 micro drip study guide january 27 2022 instructor adam lancaster dvm dacvecc 2021 drip learning technologies llc all rights reserved part 1 welcome workflow part 2 abandoned cart workflow part 3 post first purchase workflow part 4 disengaged pruning workflow are you new to drip and not sure where to start or have you been with drip for a while and need a refresher on all drip has to offer this presentation simplifies drip titration and hemodynamics monitoring with optimization strategies in acute care rhythm rate volume drugs and devices in depth review of the pharmacology of the most common cardioactive medications and their roles of the patient in shock antiarrhythmic pharmacology in arrhythmias lasix ther class diuretics pharm class loop diuretics indications po im iv edema due to hf hepatic impairment or renal disease subq edema due to new york heart association class ii iii chronic hf po hypertension action inhibits the reabsorption of sodium and chloride from the loop of henle and distal renal tubule intensive care unit drips study guide this really dumbs it down and explains how to do an intensive care unit iv drip icu drips important terms drips and aha acls book pg 13 immediate high quality cpr starting with compressions at least 2 inches deep 100 120 min aed or manual defib asap 1 shock g 2 minutes for vf pvt minimizing interruptions in compressions avoid excessive ventilations decreases cardiac output and cerebral perfusion 500 600 ml tidal volume 1 of 6 diabetes mellitus micro drip study guide november 27 2021 instructor dr christopher g byers dvm dacvecc dacvim saim cvj 2021 drip learning technologies llc all rights reserved

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