

The Cardiac Care Unit Survival Guide

Purpose: Little is known about long-term survival after In-Hospital Cardiac Arrest (IHCA). The purpose of this study is to report the one-year survival of patients after IHCA and to identify predicting factors. **Methods:** a single-center retrospective chart study of all adult in-hospital CPR attempts conducted between January 2003 and February 2014 in a tertiary teaching hospital in Amsterdam (NL). The demographic and clinical variables of patients were obtained at 24 hours pre-arrest, during CPR and post-CPR. All patients were tracked one year after discharge from hospital. **Results:** CPR was performed for IHCA on 417 patients during the study period. Return of spontaneous circulation (ROSC) was achieved in 283 (68%) patients, 234 were admitted to ICU. The survival rate of patients who were admitted to ICU after IHCA was 38% (89/234) at hospital discharge and 26% (61/234) at one year. Overall, 95 (23%) patients survived one year after discharge. Univariate analysis showed numerous variables are associated with one-year survival, for example comorbidity index and time to ROSC. **Discussion:** One-year survival of patients who were admitted to the ICU after IHCA was 26%. Survival of this group was associated with patient and pre-arrest, CPR characteristics and severity of diseases at ICU admission reflected by clinical scores.

An extensive introduction to patient-centeredness in critical care through case-based examples of shared decision making.

There are growing questions regarding the safety, quality, risk management, and costs of PCC teams, their training and preparedness, and their implications on the welfare of patients and families. This innovative book, authored by an international authorship, will highlight the best practices in improving survival while paving a roadmap for the expected changes in the next 10 years as healthcare undergoes major transformation and reform. An invited group of experts in the field will participate in this project to provide the timeliest and informative approaches to how to deal with this global health challenge. The book will be indispensable to all who treat pediatric cardiac disease and will provide important information about managing the risk of patients with pediatric and congenital cardiac disease in the three domains of: the analysis of outcomes, the improvement of quality, and the safety of patients.

This textbook represents a short update on original aspects of heart failure. It covers topics of heart failure management such as prevention, drug monitoring after heart transplant, and the critical care approach. There are also chapters on less common facets of this syndrome such as prevalence and features in a specific African region and the complexity of telemedicine in heart failure. In summary, it will be a valid adjunct to more exhaustive textbooks already available.

Cardiac Surgery Essentials for Critical Care Nursing, Third Edition is an indispensable resource for new and experienced

nurses caring for patients in critical care units immediately following cardiac surgery and in the transitioning to home. With an evidence-based foundation, the Third Edition addresses nursing knowledge to meet the needs of acutely ill patients and strategies to optimizing patient outcomes in this dynamic field. Vital information has been added and updated to reflect significant changes in cardiac surgery as well as four new chapters based on needs of patients, families, and readers. These new chapters address nutritional issues, post ICU-care, psychological and spiritual support, and rehabilitation care post cardiac surgery.

Core Topics in Neuroanesthesia and Neurointensive Care is an authoritative and practical clinical text that offers clear diagnostic and management guidance for a wide range of neuroanesthesia and neurocritical care problems. With coverage of every aspect of the discipline by outstanding world experts, this should be the first book to which practitioners turn for easily accessible and definitive advice. Initial sections cover relevant anatomy, physiology and pharmacology, intraoperative and critical care monitoring and neuroimaging. These are followed by detailed sections covering all aspects of neuroanesthesia and neurointensive care in both adult and pediatric patients. The final chapter discusses ethical and legal issues. Each chapter delivers a state-of-the art review of clinical practice, including outcome data when available. Enhanced throughout with numerous clinical photographs and line drawings, this practical and accessible text is key reading for trainee and consultant anesthetists and critical care specialists.

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.

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.

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

Geared to any health care professional practicing in or rotating into a CCU, this quick reference adopts 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 Book ensures you acquire in-depth knowledge and understand the subtleties in treating the different kinds of patients you encounter in a CCU setting.

This issue of Cardiac Electrophysiology Clinics, edited by Drs. Mohammad Shenasa, N. A. Mark Estes III, and Gordon F. Tomaselli, will cover Contemporary Challenges in Sudden Cardiac Death. Topics covered in this issue include Pathophysiology; Basic electrophysiological mechanism; Channelopathy and Myopathy as causes of sudden cardiac death; Public access to defibrillation; Sudden cardiac death in children adolescence; Sudden cardiac death in specific cardiomyopathies; Ventricular arrhythmias and sudden cardiac death; lessons learned from cardiac implantable rhythm devices; future directions, and more.

Background Survival following out-of-hospital cardiac arrest (OHCA) varies nationally¹ and internationally.² Across all cases of OHCA, survival to discharge from hospital is reported as less than 10%.¹ In the area of Odense, Denmark (population 260,000), patients with OHCA are treated by a prehospital physician-manned mobile emergency care unit (MECU) and transported directly to the cardiac catheterization laboratory at a specialized tertiary center following OHCA of suspected cardiac origin. Purpose To report the survival rate for patients with OHCA treated within an optimized prehospital and in-hospital system with immediate access to cardiac catheterization.³ Methods Manual review of all

prehospital medical records of patients treated by the MECU from 2011-2016. Patients declared dead by the MECU physician immediately upon arrival were excluded. Primary outcome was survival at 30 days. Secondary outcomes were patient transported or declared dead, ROSC at any time, and survival at 24 hours. Results During six years, 900 patients (67.3% male) with OHCA were treated by the MECU. In 484 patients (53.8%), treatment was terminated on scene, and the patient was declared dead before transport. 416 patients (46.2%) were transported to hospital. 379 patients (42.1%) had ROSC. 286 patients (31.8%) were alive at 24 hours. 164 patients (18.2%) lived at 30 days. Adjusted according to the size of the population of the catchment area, these figures translated to 24.3 patients achieving ROSC, 18.3 survivors at 24 hours, and 10.5 survivors at 30 days per 100.000 inhabitants/year. Conclusion Physician-directed treatment of OHCA in a prehospital emergency system working in close collaboration with a tertiary center with a 24/7/365 cardiac catheterization service may result in higher survival rates than generally reported from western countries.

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.

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.

Sudden cardiac arrest can strike anyone at any time. But in many cities, people who suffer sudden cardiac arrest are up to 46 times more likely to die than those who experience cardiac arrest in Seattle and King County, Washington, or Rochester, Minnesota--an astonishing and completely preventable variance in survival rates.

Children in Intensive Care fulfils a unique role in supporting clinical staff during the day-to-day management of the sick child. Presented in quick reference format, and in plain English, the book offers a unique guide to the wide variety of situations that a practitioner is likely to encounter during daily practice. Rich with reference tables, algorithms, artworks and 'Alert' boxes, the book offers a wealth of information which ranges from physiology to drug dosage calculation, drug compatibility lists, reference ranges, and X-ray interpretation. New chapters include oncologic emergencies, pain management and sedation, together with the latest information on the management of sepsis, the collapsed child, and care of the child following spinal surgery. Information presented in quick reference format, with accompanying reference tables, to facilitate on-the-spot usage Advanced Life Support Group algorithms provide safe and easy-to-follow protocols to the management of emergency situations Contains input from a broad range of paediatric specialists – intensivists, anaesthetists, haematologists, oncologists, air ambulance physicians and retrieval nurses, pharmacists, specialist dieticians, and respiratory physiotherapists – to ensure full coverage and accuracy of information Contains helpful 'Quick Guide' and 'Warning' boxes to provide key information at a glance, while helpful mnemonics assist with learning Contains chapters on normal child development, safe-guarding children and young people, and patient transport Perfect for use on the wards, theatres, high-dependency units and intensive care units as well as during retrieval and A&E Ideal for newcomers and experienced staff alike, whether they be junior doctors or nursing staff Additional authorship brings the expertise of Marilyn McDougall, a Senior Paediatric Intensive Care Consultant Contains brand new chapters - oncology emergencies and pain & sedation - as well as the latest information on topics including sepsis and the

collapsed neonate, and care of children after spinal surgery Comprehensively expanded cardiac chapter presents new surgical approaches as well as practical tips on pacing, care of chest drains and basic echocardiograph terminology Drug chapter now includes reversal agents, new drug profiles and an updated compatibilities chart Expanded artwork program explains clinical concepts and practical procedures

This book comprehensively reviews the use of echocardiography in the rapidly evolving field of critical care cardiology. Increasingly, cardiac care units (CCU) are focusing on the management of patients with multisystem diseases, advanced hemodynamics compromise, complex ventricular arrhythmias, and established or incipient multi-organ failure. This book covers ultrasound applications in such topics as hemodynamic assessment and the assessment of patients with intracardiac devices. Syndrome-based echocardiography in the CCU is also covered with an emphasis on using echocardiography in patients with acute dyspnea, acute chest pain and neurologic syndromes. The use of contrast echocardiography in the CCU is also covered. Echocardiography in the CCU reveals the essential role of various echocardiographic modalities in modern acute cardiovascular care. This is therefore a critical resource for all cardiology practitioners and trainees who use echocardiography in CCUs.

The ESC Textbook of Intensive and Acute Cardiovascular Care is the official textbook of the Acute Cardiovascular Care Association (ACVC) of the ESC. Cardiovascular diseases (CVDs) are a major cause of premature death worldwide and a cause of loss of disability-adjusted life years. For most types of CVD early diagnosis and intervention are independent drivers of patient outcome. Clinicians must be properly trained and centres appropriately equipped in order to deal with these critically ill cardiac patients. This new updated edition of the textbook continues to comprehensively approach all the different issues relating to intensive and acute cardiovascular care and addresses all those involved in intensive and acute cardiac care, not only cardiologists but also critical care specialists, emergency physicians and healthcare professionals. The chapters cover the various acute cardiovascular diseases that need high quality intensive treatment as well as organisational issues, cooperation among professionals, and interaction with other specialities in medicine. SECTION 1 focusses on the definition, structure, organisation and function of ICCU's, ethical issues and quality of care. SECTION 2 addresses the pre-hospital and immediate in-hospital (ED) emergency cardiac care. SECTIONS 3-5 discuss patient monitoring, diagnosis and specific procedures. Acute coronary syndromes (ACS), acute decompensated heart failure (ADHF), and serious arrhythmias form SECTIONS 6-8. The main other cardiovascular acute conditions are grouped in SECTION 9. Finally SECTION 10 is dedicated to the many concomitant acute non-cardiovascular conditions that contribute to the patients' case mix in ICCU. This edition includes new chapters such as low cardiac output states and cardiogenic shock, and pacemaker and ICDs: troubleshooting and chapters have been extensively revised.

Purchasers of the print edition will also receive an access code to access the online version of the textbook which includes additional figures, tables, and videos to better illustrate diagnostic and therapeutic techniques and procedures in IACC. The third edition of the ESC Textbook of Intensive and Acute Cardiovascular Care will establish a common basis of knowledge and a uniform and improved quality of care across the field.

Emergency physicians are usually the first to care for patients with emergency cardiac conditions. They must initiate therapy in a timely manner and must plan care in conjunction with cardiologists, who continue the patient's care. This issue has both emergency physicians and cardiologists as authors, reflecting the fact that both care for patients with cardiac emergencies. Physicians in both disciplines should benefit from the articles in this issue, resulting in better patient care.

This title is directed primarily towards health care professionals outside of the United States. The needs of critically ill children are unique and this handy pocket book will be invaluable to anyone who needs a quick account of intensive care procedures. It brings together all the vital information in one source and in an accessible format. The text is organised by body systems and gives helpful hints on managing children with various conditions. Tables of normal values are included and additional information is provided about equipment needed in a paediatric emergency.

Review Guides/Certification Prep/Pocket Guides

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.

Sudden cardiac arrest is the leading cause of death among adults, yet it need not be fatal. Though survival in most communities is very poor, a few communities achieve rates as high as 50%. Why are some communities so successful in snatching life from the jaws of death?

Resuscitate! describes the steps any EMS system can take to improve cardiac arrest survival. It is written for the medical directors, administrative directors, fire chiefs, dispatch directors, and program supervisor who direct and run EMS systems all across the country, and for the EMTs, paramedics, and dispatchers who provide frontline care. This second edition of Resuscitate! provides fifteen concrete steps to improve survival. Four steps will lead to rapid improvements at the local level and are relatively easy to implement. Six additional steps are more difficult to implement but also likely to improve survival. The remaining steps recommend changes at the national level. Resuscitate! is the official textbook for the Resuscitation Academy, held twice a year in Seattle. Cosponsored by Seattle Medic One, King County EMS, and the Medic One Foundation, the Academy draws attendees from throughout the world for two intensive days of classes, demonstrations, and workshops to acquire the knowledge and tools to improve survival in their own communities. This new edition includes lessons learned from attendees of the Academy as well as from the faculty's evolving thoughts on how to measure performance and improve survival, one community at a time. It also includes an addendum on the Resuscitation Academy (resuscitationacademy.org). For more than thirty years,

Mickey S. Eisenberg M.D., Ph.D. , has played a leading role in developing King County, Washington's emergency response to cases of sudden cardiac arrest, a system recognized as among the very best in the nation. He is a professor of medicine at the University of Washington and serves as the medical director of King County Emergency Medical Services.

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.

This best-selling resource provides a general overview and basic information for all adult intensive care units. The material is presented in a brief and quick-access format which allows for topic and exam review. It provides enough detailed and specific information to address most all questions and problems that arise in the ICU. Emphasis on fundamental principles in the text should prove useful for patient care outside the ICU as well. New chapters in this edition include hyperthermia and hypothermia syndromes; infection control in the ICU; and severe airflow obstruction. Sections have been reorganized and consolidated when appropriate to reinforce concepts.

The influenza pandemic caused by the 2009 H1N1 virus underscores the immediate and critical need to prepare for a public health emergency in which thousands, tens of thousands, or even hundreds of thousands of people suddenly seek and require medical care in communities across the United States. Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations draws from a broad spectrum of expertise--including state and local public health, emergency medicine and response, primary care, nursing, palliative care, ethics, the law, behavioral health, and risk communication--to offer guidance toward establishing standards of care that should apply to disaster situations, both naturally occurring and man-made, under conditions in which resources are scarce. This book explores two case studies that illustrate the application of the guidance and principles laid out in the report. One scenario focuses on a gradual-onset pandemic flu. The other scenario focuses on an earthquake and the particular issues that would arise during a no-notice event. Outlining current concepts and offering guidance, this book will prove an asset to state and local public health officials, health care facilities, and professionals in the development of systematic and comprehensive policies and protocols for standards of care in disasters when resources are scarce. In addition, the extensive operations section of the book provides guidance to clinicians, health care institutions, and state and local public health officials for how crisis standards of care should be implemented in a disaster situation.

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

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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.

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.

The book describes step-wise management of clinical emergencies seen every day in Intensive care units (ICUs. As a practical guide, clinicians can refer to it on a day-to-day basis during their work hours, or while in transit to update their knowledge. Targeted readers are intensivists, critical care specialists, and residents involved in the care of patients admitted in ICUs. This handbook covers an array of specialties such as cardiology, pulmonology, gastroenterology, neurology, nephrology, traumatology, and toxicology. This monograph provides point-of-care treatment guidance and will serve as a ready-reckoner for physicians to quickly learn the management steps in a methodical manner.

Part of the Mount Sinai Expert Guide series, this outstanding book provides rapid-access, clinical information on all aspects of Critical Care with a focus on clinical diagnosis and effective patient management. With strong focus on the very best in multidisciplinary patient care, it is the ideal point of care consultation tool for the busy physician.

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.

This updated and revised edition of the classic bedside pocket reference remains the gold standard in critical care medicine. The new edition maintains Dr. Marik's trademark humor and engaging writing style, while adding numerous references.

Now in paperback, the second edition of the Oxford Textbook of Critical Care addresses all aspects of adult intensive care

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management. Taking a unique problem-orientated approach, this is a key resource for clinical issues in the intensive care unit.

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