Mornin—check for zipcode data in MIMIC for John’s med income vs kidney failure study

Bootstrapping—more buckets in histo, emphasize IQRS

Look at LOS and Mort for the missing group to see if we can characterize the population—addendums? Baseline characteristics (run table 1 for them, look at cohort for what we’re studying—either say that they’re different for whatever reason or say that they aren’t significantly different so we’re not introducing bias

Look at different numbers for mortality---look at hosp admission & hosp mortality

Or hosp mortality and w/in 30 days

We want to look at where the patients die—if they leave the hosp and die w/in two days, they look similar so why draw the line at 28day from ICU mort.

**Do Hosp mortality and hosp mortality or w/in 30 days hosp discharge (basis of being in ICU as an indicator of sickness)**

Look at changes in the predictive quality of peripheral edema given the time after for death (is it still predictive after 2 years)

Look at predictive changes of peri to mortality vs peri to antibiotic use (something that should be irrelevant)

Look at survival rates maybe instead? But we have to worry about the survival curves in terms of time—plot the two lines looking at hosp mortality for difference over a time period

Cox and logistic on hosp mortality

Remove MV from the study since PE causes MV (SOB caused by PE -> heart failure, MV)

Vasopressor not sure to include/exclude—instills some bias so remove?

Review meds output code

Add race to analysis and see, home diuretics usage (Y/N)

Include all 30 comorbidities (separately)

Add sofas

DAG (see dag)

Interaction terms between pulm edema and peripheral edema== to see if peripheral edema is associated with death independent/dependent on pulmonary edema //look at assoc of peri and outcome in different pulm edema cohorts

Also run interaction term between CCB and peripheral edema //BB and peri edema

Table 1:y/n peripheral edema (don’t separate on pulm)

Fig 1 venn diagram (peri pulm and both)

Supplemental data is distributions

Methods

Table look to see if we can include some curves (cox vs linear regression—kappanmeyer curves)

HOSP mort.

Landmark study: Take survivors and of them, look at 30 days (or 60 days) and see what happens to them in followup

Interaction terms 3 types (pulm CCB BB)

If get positive interaction terms, run subgroups

Look at cause of death if possible (?),

**Table 5: Run secondary analyses on MV, vasopressors (hopefully not, since it doesn’t make sense) and antibiotics see if we can tease out why patients die, y/n Cumulative diuretic (LASIKS) dose in ICU (assume they get more diuretics since on more fluid) risk of each of these, total fluid balance (ins and outs), UO in first 24-hours (understanding of what happens to these patients)**