A Map for Modern Life

A 99 page product of 20+ years of contemplation,

with supporting evidence

**Index**

| **Topic** | **Tags** | **Page Number** |
| --- | --- | --- |
| Index |  | 1 |
| Introduction | *Author | Background | Purpose* | 2 |
| Life | *A “Diamond” Rule* | 3 |
| Relationships | *Family | Friends | Romance |* | 4 - 21 |
| Work | *Studying | Jobs* | 22 - 34 |
| Stress | *Mental Health | Family | Finances | Exams | College Admissions | FOMO |* | 35 - 44 |
| Emergencies | *Saving a life |* | 45 - 49 |
| Miscellaneous | *Politics | Cooking | Learning a new language | Chess | Video Games | Sports* | 50-97 |
| Final Thoughts |  | 98 |
| References |  | 99 |

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Worldly Wisdoms

Save a life

Saving a life is usually a good act.

However, this shouldn't be glamorized nor belittled. Interestingly, at the true edge of life and death – there's little one can do, as even one misstep could spell the end for the other. Thus, you must be comfortable making optimal, not perfect moves: but aim to be as near-perfect as you can.

3 Steps

1. Don't waste time – try your best.

2. If you have time, be prepared.

-quality chest compressions

-shockable rhythm

-position patient into proper rhythm

-O2 measure

-blood gases, caponography

-nasal trumpets

-

3. If you have time, make sound decisions.

Chess

Steps

1. Play simple, yet “comprehensive”.

2. Reflect & Improve after full, diverse games.

3. Play “near-perfect.”

Chess Levels

Level

Title

Style

~Accuracy

~Elo

1

Rookie

Random

N/A

N/A

2

Beginner

Basic

50.00%

0-1000

3

Strong

Tactical

50-85%

1000-2000

4

Expert

CM | FM | NM | GM | Champion

Deep

85-99%

2000-3000

5

“Perfect”

Comprehensive

100.00%+

>5000

Tests

Steps

1. Understand what is tested.

2. Create a “comprehensive” resource.

3. Grind that until perfection.

Saving a life

“Address issues early. Prepare for If the life is in immediate danger - be

Intro

Saving a life is an act that should be attempted before things get bad - i.e, when the life is not in critical danger. It’s wiser to prevent a heart attack than resuscitate an elderly heart, just as it's wiser to help people before they get to a point of “no return”.

Try to prevent

| Brief | Saving a Life |
| --- | --- |
|  |  |

Responsiveness

Skin color

Breathing ability

O2 saturation capnography

Blockages

Blood gases x rays

Open airway and ventilate with cpr

Chest compressions and shockable rhyth,

Extraglottic

C collar

Sitting positions

Nasal strumpets

Supleental o2

NIPPV - emergency face mask BPAP and CPAP 5-10mHg,

Mask ventilations

Sniffing ramped positions

Mask on and bag him

Intubation for rough areas

Airawy difficulty

Checklists

Nasal cannula 15L/min oxygen 93%

Physiology p

IV fluid boluses

Iotropes vasporessors

Layndrhygrope and blade

DL

Endo tracheal tube

Position in C spine

Fentanyl

30-45 seconds of interruption: use mask ventilation or mask

Induction: Etomidate - Ketamine - Propofol

Paralytic: Succidnychloine - Rocurpcnium

Pass tube between vocal cords until balloon disappears

Etco2

b/l lung sounds

Palpate cricotyhryoid membrane and stabilize and hold, 3-4 cm incision

Bougie insertion

Cchest rise

6-0 endotrach tube

Cardiac Rhythm abnormalities

Sinus arrhythmia: fluttering, fleeting/sinking feeling in chess stress fatigue alcohol use tobacco coffee COPD digoxin and CAD PSVT

d/c bad stuff and treat fatigues

Pvc’s in MIs and CHF, akalolsis hypoxia and PVCs

1. Unstable Patient