

Computerized EMG monitoring in anesthesia and intensive care

MP - Anaesthesia UK : Bispectral index (BIS)

Description: -



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 Communism -- United States.
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 World War, 1939-1945 -- Fiction
 Visitations, Ecclesiastical -- England.
 Church of England -- Pastoral letters and charges.
 Minorca -- History
 Bond, Edward -- Criticism and interpretation
 Hemolysis and hemolysins
 Blood -- Diseases
 Weights and measures -- Early works to 1800.
 Arithmetic -- Early works to 1900.
 Meditation -- Church of England -- Early works to 1800.
 Conscience -- Early works to 1800.
 Yiddish literature -- Russia
 Short stories, Yiddish
 Electromyography -- Data processing
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 Notes: Bibliography: p. 105-116.
 This edition was published in 1988



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Current Status of Neuromuscular Reversal and Monitoring

Thus, any observed recovery after these intervals is a result of elimination or redistribution of the NMBA from the plasma. We then discuss some of the perioperative technical challenges that remain to be satisfactorily addressed, such as products that incorporate poor software design or offer a confusing user interface.

Computerized EMG and EEG Correlates of Consciousness

Therefore, clinicians who wish to determine the amount of sedation in ICU patients only from BIS monitoring would expose them to an unnecessary oversedation with potential morbidity, mortality, and increased cost.

Does preload affect EMG monitoring? : Anaesthesia and Intensive Care Journal

B Dashed line represents the threshold of 42 dB, above which electromyographic activity is considered to artifactually increase BIS values. When the clinician deemed that the patient was ready for tracheal extubation, an independent investigator measured the TOF ratio at the adductor pollicis with a kinemyographic monitor.

Computing in Anesthesia and Intensive Care

Supramaximal current in critically ill patients is increased in the presence of peripheral oedema.

Computing in Anesthesia and Intensive Care

Bispectral analysis is a method of signal processing that quantifies the degree of phase coupling between the components of a signal. Postoperative residual neuromuscular block has been recognized as a potential problem for decades, and it remains so today. Guidelines to the practice of

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Both quantify the signal generated from thumb adduction via deformation of a piezoelectric film sensor in response to electric stimulation of the ulnar nerve. Clinical bedside testing has been used since the introduction of NMBAs into clinical practice: measurement of respiratory parameters tidal volume, vital capacity, minute ventilation, negative inspiratory force, and so forth has been correlated with neuromuscular recovery TOF ratio , but just like other clinical tests of muscle function 5-s head-lift, grip strength, and leg-lift tests , these tests are unreliable and nonspecific. It is logical to select an agent which would prevent or minimize the laryngopharyngeal stimulation by the intubation process or an agent which would block the sympathetic activity associated with it.

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