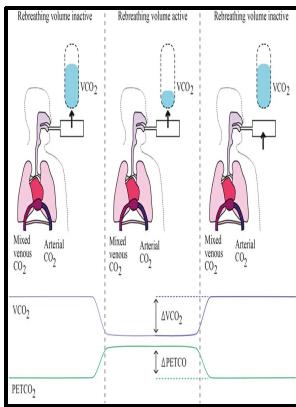


Invasive monitoring and its complications in the intensive care unit

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Understanding invasive monitoring 1: Indications

Mizok BA, Falk JL: Lactic acidosis in critical illness. Obviously this parameter best reflects actual use of resources by patients. A more ideal approach would be non-invasive measurements of cerebral oxygenation.

Invasive monitoring and its complications in the intensive care unit (1990 edition)

Interestingly surgical and trauma patients were more likely to be admitted than medical patients.

Year in review in Intensive Care Medicine 2010: I. Acute renal failure, outcome, risk assessment and ICU performance, sepsis, neuro intensive care and experimentals

If you reside in an EU member state besides UK, import VAT on this purchase is not recoverable. A similar process has been required with other severity scores when adapting to local populations.

Clinical review: Hemodynamic monitoring in the intensive care unit

Nucl Med 1983, 198: 307-312.

Hemodynamic monitoring in the critically ill: an overview of current cardiac output monitoring methods

For those who need frequent venous blood samples taken, a central line may be required as the peripheral options may quickly become. Int Anesthetol Clin 1993, 31: 99-125. It is easily accessible and reacts to hemorrhage, resuscitation, and shock on a similar time scale to that of the gastrointestinal tract.

Complications of intensive care unit care

The principle of this method is based on the thermodilution technique. Monitoring muscle partial pressure of oxygen might provide an early and reliable indicator of stagnant blood flow and tissue dysoxia. Edwards JD: Limitations in hemodynamic monitoring.

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Poelaert JI, Schüpfer G, Poortmans G: Transesophageal echocardiography: the relationship between pressure, flow and function. CTA has an established role in the diagnosis of internal carotid artery dissection, and the increased use and availability of high-resolution multidetector scanners has fast replaced angiography and possibly MRA as the diagnostic modality of choice.

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