MEDIBEATS
The Medical Bulletin

In Critical Care

1. Short-acting titratable intravenous antihypertensive agents such as nicardipine, clevidipine, labetalol, esmolol, or phentolamine are administered in hypertensive emergency to prevent further end organ injury.

2. Chronic renal failure is more likely than acute kidney injury to be associated with anemia, hypocalcemia, normal urine output, and small shrunken kidneys on ultrasound examination.

3. While contrast dye can be removed with hemodialysis, there is no evidence that this is beneficial, perhaps because the volume of contrast administered is minimal and delivery of contrast to the kidney is almost immediate.

4. Hypokalemia can be caused by low potassium intake, intracellular potassium shift, gastrointestinal potassium loss (diarrhea), and renal potassium loss. Hyperkalemia can be caused by high potassium intake, extracellular potassium shift, and low renal potassium excretion.

5. Drugs that can cause hyperkalemia include those that release potassium from cells (succinylcholine or, rarely, b-blockers), those that block the renin-angiotensin-aldosterone system (spironolactone, angiotensin-converting enzyme inhibitors, heparin, or nonsteroidal anti-inflammatory drugs), and those that impair sodium and potassium exchange in cells (digitalis) or specifically in the distal nephron (calcineurin inhibitors, amiloride, or trimethoprim).

6. Upper endoscopy is the first diagnostic tool used in patients with suspected upper gastrointestinal bleeding and can also be used therapeutically.

7. For localized lower gastrointestinal bleeding refractory to endoscopic or angiographic intervention, segmental resection of the intestine involved in the bleeding is the usual treatment.

8. Steroids should be considered for the treatment of severe alcoholic hepatitis.

9. Management of variceal bleeding should include antibiotics to prevent spontaneous bacterial peritonitis.

10. The most common cause of thrombocytopenia in the intensive care unit is idiopathic.

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