

In Critical Care

1. Platelets should only be transfused in the setting of active bleeding, indications for a procedure, or an absolute value less than 10,000/mm³.
2. Although disseminated intravascular coagulation (DIC) typically presents with bleeding or laboratory abnormalities suggesting deficient hemostasis, hypercoagulability and accelerated thrombin generation actually underlie the process.
3. The use of blood products in the treatment of DIC should be reserved for patients with active bleeding, those requiring invasive procedures, or those otherwise at high risk for bleeding. Heparin, via its ability to reduce thrombin generation, may be useful in some patients with DIC and bleeding that has not responded to the administration of blood products.
4. The immediate approach to the comatose patient includes measures to protect the brain by providing adequate cerebral blood flow and oxygenation, reversing metabolic derangements, and treating potential infections and anatomic or endocrine abnormalities.
5. The differential diagnosis for coma is broad and includes structural injury, metabolic and endocrine derangements, and physiologic brain dysfunction.
6. Brain death is the irreversible loss of both brain and brainstem function from a known cause.
7. Brain death is a clinical diagnosis.
8. Status epilepticus is defined as a seizure lasting 5 minutes or more or recurrent seizure activity between which there is incomplete recovery of consciousness or function.
9. Benzodiazepine therapy is the first-line treatment for seizure termination.
10. Blood pressure should not be treated in acute ischemic stroke unless it is greater than 220/110 mm Hg or SBP greater than 185/110 mm Hg if intravenous tissue plasminogen activator is to be administered.

Dr. Subrahmanyam Karuturi