



The Medical **Bulletin**

In Critical Care

1. If a patient diagnosed with delirium tremens becomes sedated following low-dose benzodiazepine, reconsider the diagnosis.
2. If intravenous lorazepam is re-dosed before the previous dose took full effect, this may eventually lead to oversedation (“dose-stacking”).
3. Only second- and third-degree injuries count for calculation of total body surface area and Parkland resuscitation.
4. Burn patients require aggressive fluid resuscitation with lactated Ringer solution.
5. The patient’s own palmar surface is the equivalent of 1% body surface area and can be used to quickly assess scattered areas of burns.
6. Effective responses to large-scale disasters, both natural and man-made, depend upon extensive communication and collaboration between local, state, and federal agencies.
7. Biologic and epidemiologic factors make influenza the single greatest infectious threat to global health.
8. The standard hallmarks of death do not apply in a hypothermic patient—no one is dead until WARM (.35°C) and dead.
9. Therapeutic hypothermia for a comatose patient following cardiac arrest and return of spontaneous circulation is no longer recommended—temperature should be targeted to avoid hyperthermia.
10. In an individual from a hot environment or undergoing strenuous exercise who presents with an altered mental status, think of heat stroke.

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