



The Medical **Bulletin**

In Critical Care

1. Pericarditis can result in diffuse ST and T wave changes on ECG, and mild troponin elevation, without coronary artery disease.
2. Early diagnosis and initiation of treatment for sepsis is associated with improved outcomes.
3. Obtain 2 to 3 sets of blood cultures before giving antibiotics in cases of suspected endocarditis.
4. *Streptococcus pneumoniae* remains the most common cause of community acquired bacterial meningitis and treatment directed to this should be included in initial empiric antibiotic regimens.
5. Most patients do not require CT scan prior to lumbar puncture; however, signs and symptoms that suggest elevated intracranial pressure should prompt imaging. They include: new onset neurologic deficits, new onset seizure and papilledema. Severe cognitive impairment and immune compromise are also conditions that warrant consideration for imaging.
6. Refractory fever among critically ill patients despite proper antibiotics may warrant antifungal introduction for possible fungal infection.
7. Reducing multidrug-resistant bacteria can only be accomplished by reduced use of antibiotics, not by increased use.
8. During influenza season, all persons admitted to the ICU with respiratory illness should be presumed to have influenza and be tested and treated.
9. Patients with influenza may develop secondary bacterial infections and should be treated with ceftriaxone and vancomycin pending cultures.
10. In a patient presenting with hypertensive crisis (SBP 200 or DBP 120 mm Hg), the presence of acute end organ injury (cerebral, renal, or cardiac) constitutes “hypertensive emergency” and should be immediately treated in the intensive care unit

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