



## *The Medical* **Bulletin**

### In Critical Care

1. Point-of-care ultrasound by intensivists is a vital tool in the rapid assessment of critically ill patients presenting with shock, respiratory failure, or cardiac arrest.
2. PVADs improve cardiac function by unloading a failing ventricle, thereby reducing ventricular wall stress and oxygen consumption, and augmenting systemic perfusion pressure to maintain end-organ perfusion.
3. Left-sided PVADs require a well-functioning right ventricle (otherwise biventricular support is indicated), no evidence of respiratory compromise, and structural anatomy that is amenable to insertion.
4. IABP improves coronary blood flow by increasing perfusion pressure during diastole.
5. The major benefit of the IABP may be the reduction in myocardial oxygen consumption via a reduction in the isovolumic contraction phase of systole.
6. There is little evidence that an IABP improves outcomes in myocardial infarction complicated by cardiogenic shock. There is some indication that management of mechanical complications of myocardial infarction such as papillary muscle rupture associated or ventricular septal rupture may be an indication for an IABP.
7. ECMO is a method for providing temporary oxygenation, ventilation and circulatory support for patients with lung or heart diseases.
8. ECMO is not identical to cardiopulmonary bypass in that ECMO does not have a reservoir for additional fluid, there are no pumps for the administration of cardioplegia and the heart chambers are not vented while on peripherally cannulated ECMO.
9. VA ECMO primarily supports cardiopulmonary failure while VV ECMO only supports the failing lungs.
10. Never push a rigidly styletted ETT against resistance if the ETT tip is not in view.

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