



## *The Medical* **Bulletin**

### In Critical Care

1. Hyperglycemia is common in critically ill patients and has been independently associated with increased ICU mortality.
2. Oral medications and noninsulin injectable therapies should not be used to treat hyperglycemia in critically ill patients.
3. An intravenous insulin infusion is the safest and most effective way to treat hyperglycemia in critically ill patients.
4. ICU-acquired weakness is a syndrome characterized by the development of generalized diffuse muscle weakness after onset of critical illness and is defined by standard functional muscle tests.
5. Early mobilization of critically ill patients is safe, feasible, and can improve short-term outcomes including functional status.
6. Delirium monitoring and management is critically important since it is a strong risk factor for increased time on mechanical ventilation, length of ICU and hospital stay, cost of hospitalization, long-term cognitive impairment, and mortality.
7. Psychoactive medications, and in particular benzodiazepines, may contribute to delirium.
8. In delirious patients pharmacologic treatment should be used only after giving adequate attention to correction of modifiable contributing factors. The ABCDEF bundle (Attention to analgesia, Both awakening and breathing trials, Choosing right sedative, Delirium monitoring and management, Early exercise and Family involvement) is recommended and associated with improved outcomes including reduction in delirium.
9. Inadequate analgesia is common in the ICU and has detrimental effects on patients.
10. Critically ill patients are often especially vulnerable to adverse side effects and toxicity from both opioid and nonopioid analgesic drugs.

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