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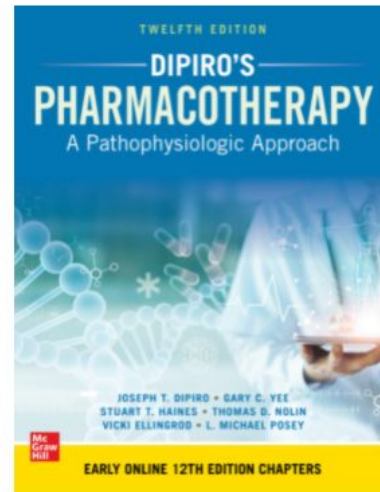
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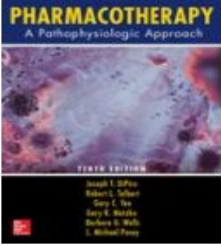
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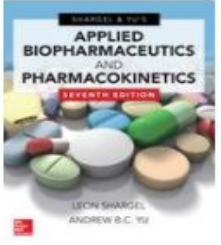
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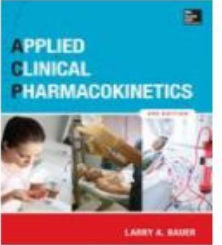
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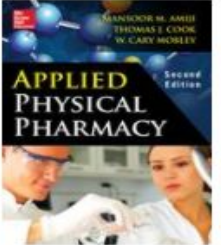
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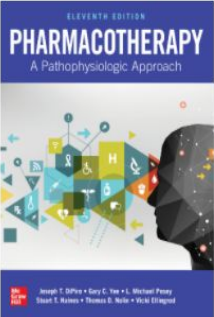
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Chapter e25: Critical Care: General Topics in Critical Care

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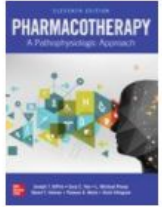
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KEY CONCEPTS

KEY CONCEPTS

- Pharmacists are one member of the interdisciplinary patient care team; other members include physicians, nurses, advanced providers, physical therapists, and respiratory therapists.
- There are numerous types of ICUs that pharmacists can work in such as burn, cardiovascular, medical, neurology, surgical, trauma, and tele-ICU. Patients in each of these units will have specific care needs.
- Fundamental activities of a critical care pharmacist include evaluation of medications for appropriate indication, dose, and general appropriateness; monitoring of medications and identification of ADEs.
- The management of ICU patients may lead to long-term cognitive effects in survivors.
- Medication errors and ADEs are more common in the ICU than general care units. Medication errors can lead to ADEs, which are often preventable.
- Management of renally-excreted and nephrotoxic drugs is important to avert unwanted adverse effects and possibly prevent disease progression.

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Chapter e29: Assessment of the Cardiovascular System

Brent N. Reed; Kristin Watson; Gautam Ramani

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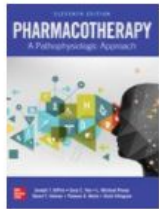
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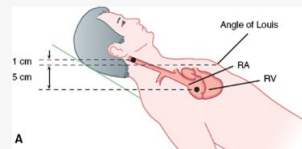
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KEY CONCEPTS

- 1 Many cardiovascular disorders develop over years to decades. Evaluation of the patient with or at risk for cardiovascular disease (CVD) must therefore include a comprehensive patient (or caregiver) interview to identify modifiable and nonmodifiable risk factors for CVD. Along with other key information (eg, vital signs, laboratory values), these data can be used to determine an individual patient's risk for future cardiovascular events.
- 2 Changes in the frequency, duration, and severity of cardiac-related symptoms (eg, ischemic chest pain, dyspnea) are essential to the assessment of CVD and often guide the urgency of intervention as well as the specific pharmacologic strategies selected. A comprehensive patient interview can also be useful for discerning CVD from noncardiac disorders that share similar symptomatology.
- 3 Obtaining an accurate blood pressure measurement is paramount to the evaluation and treatment of several cardiovascular disorders. Guidelines for appropriate measurement technique include recommendations on patient preparation and position, cuff and stethoscope use, and blood pressure documentation.
- 4 Several cardiovascular disorders, such as heart failure (HF) and peripheral arterial disease,

FIGURE E29-1

Jugular Venous Pressure. Estimation of the jugular venous pressure. The distance between the base of the right atrium (RA) and the angle of Louis or sternal inflection point is 5 cm. In this figure, the top of the jugular venous pulse is 1 cm higher than that angle of Louis. The jugular venous pressure would be reported as 1 cm above the sternal notch and thus a total of 6 cm above the RA. (RV, right ventricle.) (Reproduced, with permission, from Hammer GG, McPhee SJ. Pathophysiology of Disease: An Introduction to Clinical Medicine. 8th ed. New York: McGraw-Hill; 2019.)



Source: JT DiPiro, GC Yee, LM Posey, ST Haines, TD Nolte, VL Ellingrod. Pharmacotherapy: A Pathophysiologic Approach, 11th Edition. Copyright © McGraw-Hill Education. All rights reserved.

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TABLE e8-1

Medications That Can Cause Fever

Anticonvulsants
Barbiturates
Carbamazepine (eg, Tegretol)
Phenytoin (eg, Dilantin)
Antimicrobials
Carbapenems
Cephalosporins
Erythromycin
Isoniazid
Minocycline (eg, Minocin)
Nitrofurantoin (eg, Furodantin)
Penicillins
Rifampin
Sulfonamides
Cardiovascular drugs
Captopril (eg, Capoten)
Hydralazine
Hydrochlorothiazide

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PHARMACY HOT TOPIC

Choosing Between Ezetimibe and PCSK9 Inhibitors in Patients With Statin Intolerance

Jordan Canankamp, PharmD candidate, Dawn Havrda, PharmD, BCPS, FCCP, Bernard J. Dunn

2/15/2017 2:16:15 PM | Topics in Evidence-Based Pharmacy Practice
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Quick Answers: Pharmacy

Cecily V. DiPiro, PharmD, Terry L. Schwinghammer, PharmD

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Acute Kidney Injury

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Acidosis, Metabolic

Source: Devlin JW, Matzke GR. Acid–Base Disorders. In: DiPiro, JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey LM. Pharmacotherapy: A Pathophysiologic Approach. 8th ed. <http://accesspharmacy.com/content.aspx?aid=7984321>. Accessed August 7, 2012.

Definition

- Acid–base disorder characterized by decreased pH and serum bicarbonate (HCO_3^-) concentrations.

Etiology

- Decreased HCO_3^- results from many clinical situations (Table 1).



Table 1. Common Causes of Metabolic Acidosis

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Pathophysiology

- Metabolic acid–base disorders caused by changes in (HCO_3^-).
 - Metabolic acidosis characterized by decreased pH and serum HCO_3^- concentrations resulting from:
 - Addition of organic acid to extracellular fluid (e.g., lactic acid and ketoacids)
 - Loss of HCO_3^- stores (e.g., diarrhea)
 - Accumulation of endogenous acids due to impaired renal function (e.g., phosphates and sulfates).
 - Serum anion gap (SAG) can be used to elucidate cause of metabolic acidosis (Table 1), calculated as follows:
 - $\text{SAG} = [\text{Na}^+] - [\text{Cl}^-] - [\text{HCO}_3^-]$
 - Normal anion gap is ~9 mEq/L (9 mmol/L), with range of 3–11 mEq/L (3–11 mmol/L).
 - SAG relative rather than absolute indication of cause of metabolic

FDA MedWatch

Clinically important safety information regarding human medical products

June 06, 2017 at 7:00 AM

LeadCare Testing Systems (with Blood Obtained from a Vein) by Magellan Diagnostics: FDA Safety Communication - Risk of Inaccurate Results

UPDATED 06/06/2017. Class I Recall expanded. Falsely lower test results lead exposure or poisoning.

May 30, 2017 at 1:00 PM

SpF PLUS-Mini and SpF XL IIB Implantable Spinal Fusion Stim for Harmful Chemicals

Higher than allowed levels of harmful chemicals may cause chronic infection, paralysis, and death. Posted 05/30/2017

May 29, 2017 at 7:25 PM



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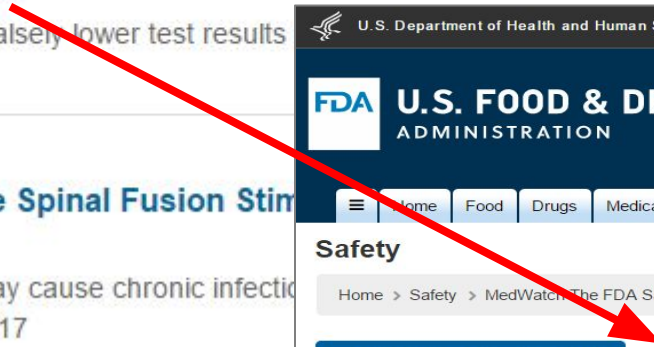
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UPDATED 06/06/2017. Class I Recall expanded to include two additional testing systems; LeadCare and LeadCare II Blood Lead Testing Systems (all serial and lot numbers).

UPDATED 05/25/2017. Class I recall issued for LeadCare Plus and Ultra Testing Systems (all serial numbers, all kit lot numbers). Magellan Diagnostics is recalling the LeadCare Plus and the LeadCare Ultra Testing Systems because they may underestimate the blood lead levels (BLL) and give inaccurate results when processing venous blood samples. Falsely lower test results may lead to improper patient management and treatment for lead exposure or poisoning. The use of affected product may cause serious adverse health consequences.

Magellan's LeadCare Plus and Ultra Testing Systems are two of four blood lead testing systems affected by the recommendations in FDA's safety communication.

The FDA is unable to identify the root cause for the inaccurate results, based on data provided by Magellan. FDA



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A-200 Lice Treatment Kit [OTC]

A-25 [OTC]

AA-Clozapine

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Abacavir

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Abacavir

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Pronunciation

(a BAK a veer)

Brand Names: U.S.

- Ziagen

Brand Names: Canada

- Ziagen®

Warning

- Unsafe and sometimes deadly allergic effects may happen with this drug. Tell your doctor about any fever, rash, feeling tired, upset stomach, throwing up, loose stools, belly pain, flu-like signs, sore throat, cough, or trouble breathing. Do not restart this drug if you have had an allergic reaction.
- The chance of allergic effects is raised in people who have a certain gene called HLA-B*5701. Your doctor may check your blood work before you start this drug. Talk with your doctor.

This drug may rarely cause swollen liver and an acid health problem in the blood. This may be deadly in some cases. The chance

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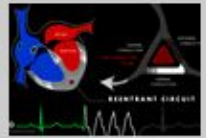
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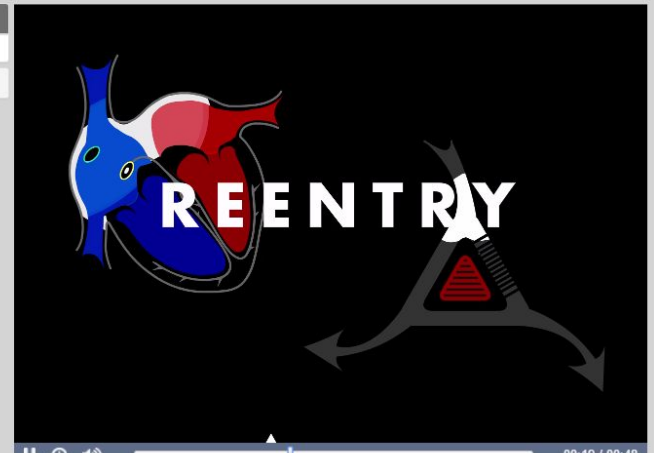
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Anti-Arrhythmic Drugs
necessary to form a
are used to block re
Author(s): Donald K.

Author(s) Donald K. Blumenthal, PhD, and Derek Cowan

Anti-Arrhythmic Drugs

- Reentry
 - Ventricular Micro-reentry
- Anti-Arrhythmic Drugs



The most common cause of arrhythmias is a process known as reentry. Reentrant circuits can form in any region of the heart, and can disrupt normal sinus rhythm and conduction. This animation will illustrate the conditions necessary to form a reentrant circuit, and how antiarrhythmic drugs are used to block reentrant circuits. When the heart is in normal sinus rhythm, impulses form in the sinus (SA) node and propagate through the atria to the atrioventricular (AV) node, impulse conduction through the AV node is delayed, allowing the ventricles time



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channels and transp
as well as drugs use
Author(s): Donald K.

AV Node Electrophysiology

channels in the AV node that are the primary targets of

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Interactive Guide to Physical Examination

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Learn the fundamental principle of physical examination. Developed by The Ohio State University College of Medicine's Department of Family Medicine, these interactive modules bring the

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Head and Neck



Thorax and Lungs



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Head & Neck



Anatomy: Surface

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Anatomically, areas of the head are described by their underlying bony landmarks and are used to describe physical findings. For instance, the temporal area overlays the temporal bone.



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- Occipital Area
- Temporal Area
- Maxillary Area
- Mandibular Area

Surface

Skeletal

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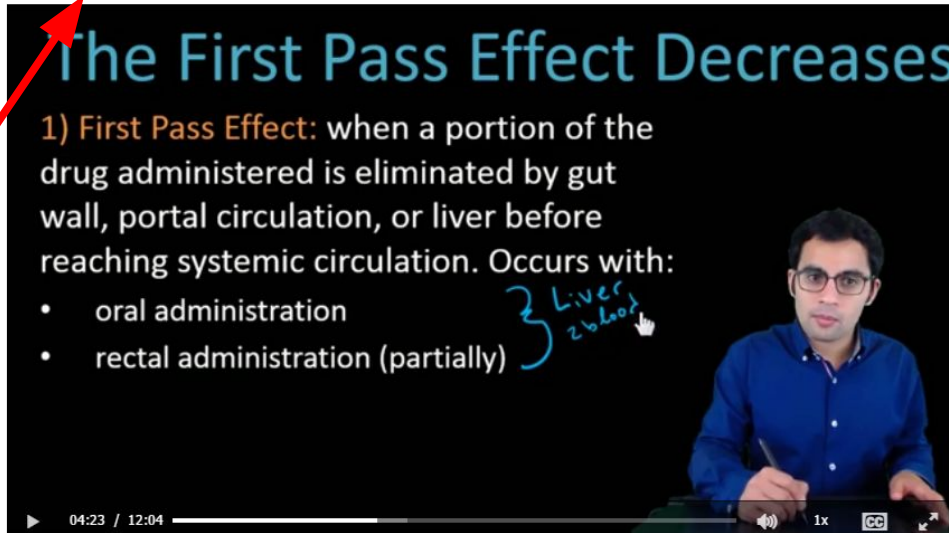
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The First Pass Effect Decreases

1) **First Pass Effect:** when a portion of the drug administered is eliminated by gut wall, portal circulation, or liver before reaching systemic circulation. Occurs with:

- oral administration
- rectal administration (partially)

Handwritten notes: Liver, 20, 60%

04:23 / 12:04

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FLASHCARDS



FLASHCARDS

ATOMOXETINE: Strattera (1/1) ★ ↻

Class: Norepinephrine Reuptake Inhibitor, CNS Stimulant

Dosage Forms, Capsule: 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg, 100 mg

Common FDA Label Indication, Dosing, and Titration.

- ADHD: Children >6 y of age and weighing ≤70 kg, 0.5 mg/kg/d po, may titrate to lower of 1.4 mg/kg/d or 100 mg/d; Children >6 y of age and weighing >70 kg, 40 mg/d po, may titrate to 100 mg/d; Adults, 40 mg po daily, may titrate to 100 mg/d

Off-Label Uses. None

MOA. Atomoxetine is a selective norepinephrine reuptake inhibitor that produces therapeutic effects in patients with ADHD. The exact mechanism of how selective inhibition of presynaptic norepinephrine exerts effects in ADHD has not been determined.

Drug Characteristics: Atomoxetine

Dose Adjustment Hepatic	Child-Pugh Class B: initial and target doses should be reduced to 50% of normal dose; Child-Pugh Class C: initial and target doses should be reduced to 25% of normal dose	Absorption	F = 63% (normal metabolizers); 94% (poor metabolizers);
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Source: Jill M. Kolesar, Lee C. Vermeulen: Top 300 Pharmacy Drug Cards--2016/2017 www.accesspharmacy.com Copyright © McGraw-Hill Education. All rights reserved.

(1/1) ★ ↻

Drug Interactions: Atomoxetine

Typical Agents	Mechanism	Clinical Management
CYP2D6 inhibitors	Decreased atomoxetine metabolism increases risk of atomoxetine toxicity	Children >6 y of age weighing >70 kg, dose 0.5 mg/kg/d po, may titrate up to 1.2 mg/kg/d; Children >6 y of age weighing >70 kg, dose 40 mg po daily, may titrate to 80 mg/d
Albuterol	Increased HR	Monitor BP and HR
MAOIs	Increased risk of hypertensive crisis (headache, hyperpyrexia, hypertension)	Concomitant use contraindicated

Adverse Reactions: Atomoxetine

Common (>10%)	Less Common (1-10%)	Rare but Serious (<1%)
Abdominal pain, headache, insomnia, loss of appetite, nausea, weight loss, xerostomia	Agitation, anxiety, decreased growth and development, dysmenorrhea, erectile dysfunction, increased blood pressure, rash, somnolence, urinary retention, vomiting, weight loss	Dyskinesia, mania, prolonged QT interval, psychotic disorders, seizure, suicidal thoughts, sudden cardiac death, tachycardia, hepatotoxicity

Efficacy Monitoring Parameters: Improvement of mental and behavioral symptoms of ADHD

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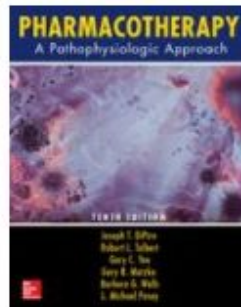
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Pharmacothera

Joseph T. DiPiro, Robert L. Talbert, Gary C. Yee, Gary R. Matzke, Barbara G. Wells, L. Michael Posey
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Question 1 of 10

JW, a 34-year-old woman with endometriosis, underwent conservative laparoscopic surgery 12 months ago in an attempt to improve her fertility. She has not yet achieved pregnancy. What is the most logical next step in JW's treatment plan?

- A. Continue watchful waiting.
- B. Start a GnRH agonist.
- C. Start oral CHCs.
- D. Start assisted-reproductive efforts.

Next Question

You will be able to view all answers at the end of your quiz.

The correct answer is D. You answered B.

Explanation:

The answer is D.

End quiz and return to Pharmacotherapy: A Pathophysiologic Approach, 10e Review Questions

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Question : 01 Another name for vitamin B5

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0-9 A B C D E F G H I J

Abdominal Pain

Abdominal Pain Discharge Information

Allergic Reaction, Severe

Allergic Reaction, Severe, Discharge Information

Altered Level of Consciousness

Abdominal Pain

What is abdominal pain?

Abdominal pain is aching or cramping in your belly. The abdomen, or belly, is the area between the chest and the pelvis. The pain can range from mild discomfort to severe pain.

Many things can cause abdominal pain and it can sometimes be hard to know the exact cause of the pain. Some of the common causes of pain in the abdomen are:

- Indigestion or heartburn
- Infections, such as food poisoning or stomach flu
- Food allergy
- Stress and anxiety
- Gastritis (an irritation of the stomach lining) or ulcers
- Constipation
- Menstruation
- Hernia
- Urinary tract infection
- Diseases of the intestine
- Appendicitis
- Pancreatitis or liver problems
- Disease or infection in the uterus
- Kidney stone
- Gallbladder inflammation or gallstones
- Cancer

Sometimes abdominal pain is caused by a problem in another part of the body, such as the lungs or the heart. For example, a heart attack can cause upper abdominal pain.

You cannot always tell how serious the cause is from how bad the pain is. Mild conditions such as gas or stomach flu may cause severe pain, while more serious problems, such as cancer, may cause relatively mild pain.

What can I expect in the hospital?



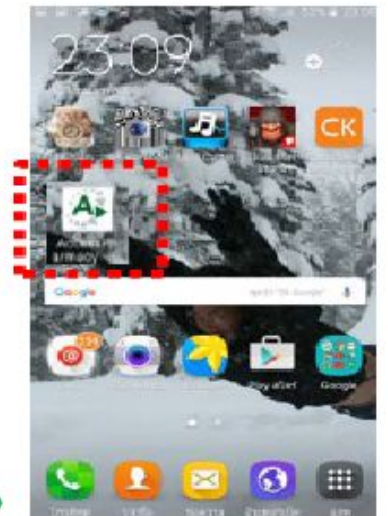
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