

"EXAMPLES OF CRITICAL CARE INDICATORS"

CARDIAC:

Acute M.I.
Cardiac tamponade
Catecholamine crisis
Digitalis toxicity (severe)
Eclampsia
Heat stroke (not heat exhaustion)
Hypertensive encephalopathy
Hypothermia (severe)
Malignant hypertension
Severe arrhythmias
Severe bradycardia
Ventricular fibrillation with defibrillation
Ventricular tachycardia involving anti-arrhythmic therapy such as Lidocaine, Bretylium or Inderal

GI:

Significant bleeding, including external bleeding from injuries, upper GI bleeding evidenced by vomiting blood or coffee ground-like material, lower gastrointestinal bleeding evidenced by large or frequent bloody diarrheal stools

NEURO:

Altered mental status including coma and unresponsiveness
Grand mal seizure, including febrile, anoxic, drug-induced, and epileptic seizures
Status epilepticus involving Dilantin, Valium or phenobarbital
Hyperglycemic coma
Severe medical, psychiatric or neurologic delirium
Significant carbon monoxide poisoning
Toxicologic crises - drug overdose or various poisonings

MEDICATIONS

| | |
|----------------|----------------|
| Activase (TPA) | Levophed |
| Adenocard | Nipride |
| Atropine | Nitroglycerine |
| Dobutamine | Streptokinase |
| Dopamine | Verapamil |
| Epinephrine | |

Note: This is not an all inclusive list

RESPIRATORY:

Acute pulmonary edema.
Acute exacerbation of either bronchitis or COPD with aggressive airway and respiratory management
Asthma (severe)
Pneumothorax
Pulmonary embolism treated with thrombolytic therapy or pulmonary angiography
Respiratory difficulty with severe SOB, severe bronchospasm, laryngeal spasm or stridor

TRAUMA:

Blunt or penetrating trauma - airway, neurovascular or cardiovascular compromise with severe blood loss involving transfusion
Burn care - airway, neurovascular or cardiovascular compromise
Trauma care for conditions that may not pose an immediate threat to life but do pose a threat to prolonged bodily impairment might also be considered as critical care

CONSIDERATIONS:

Think critical care with admissions to critical care units or severely abnormal vital signs

Critical Care time requires constant (but not continuous) attendance of the physician in management of the patient and related activities associated with the patient

PROCEDURES

CPR
Cardioversion
Central Line Placement
Chest Tube Placement
Thrombolytic therapy
Transvenous Pacemaker Placement
Ventilator Management

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