

Saint Fisher Notes II

1. Albuterol for hyperkalemia
 - a. Uptake of serum potassium
 - b. Increases HR → Combat possible bradycardia
2. Hyperkalemia
 - a. How aggressively do we treat with non-bradycardia pts (Ex: PR lengthening)
 - b. Sodium bicarbonate for renal disease/metabolic acidosis
 - c. Never see sodium bicarbonate for DKA protocols
3. Calcium for PEA
 - a. Might be contractions without generating pulse
 - b. Can't think of any adverse effects
 - c. Timing of bolus?
4. Intubating in the house to avoid having to bag while moving patient over
 - a. NRB during code until
 - b. <https://www.sciencedaily.com/releases/2009/08/090812092132.htm>
5. Risk of trying adenosine in WCT thought to be SVT aberrancy
 - a. Young ppl unlikely to be in VT and semi-stable
 - b. Adenosine blocks AV node
 - c. AV node blockage is dangerous in WPW as the accessory pathway runs wild
6. Early repolarization briefly associated with sudden cardiac death
 - a. How serious to take this finding with younger chest pain?
 - b. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4549780/#:~:text=Early%20repolarization%20\(ER\)%2C%20also,leads%5B9%2C10%5D.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4549780/#:~:text=Early%20repolarization%20(ER)%2C%20also,leads%5B9%2C10%5D.)
7. Lidocaine for intubation pre-treatment
 - a. Head trauma
 - b. Reduces ICP?
8. Magnesium Dose Timing
 - a. Torsades vs. Eclampsia vs. Airway
9. Ketamine
 - a. Is 0.25mg/kg over 10 minutes enough for pain (Ask about bolus timing as well)
10. Discuss dehydration/acute renal injury patient
11. Location of ischemia with Sgarbossa Criteria
 - a. Anteroseptal (V1-V3)
12. Hyperglycemia in cardiac arrest
 - a. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0214209#:~:text=Hyperglycemia%20is%20common%20after%20out,of%20postresuscitation%20care%20%5B2%5D.>
13. In regard to cardioversion/pacing, what truly qualifies as unstable
 - a. Pay attention to MAP most of all?
 - b. AMS second place?
 - c. Is chest pain really an unstable presentation in someone with acute cardiac issues?
 - d. Obviously if they look like death, then shock them right away, but... curiosity
14. Can patients have shit respirations and accept a tube? → Talk about miller's text
15. Advise for tutoring cardiology?