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- مشخص کردن اینکه دقیقا به دنبال چه چیزی هستیم؟
- شکستن موضوع جستجو به مفاهیم ریزتر و انتخاب کلیدواژه های مناسب
 - انتخاب **مترادفها** برای کلیدواژه ها
 - شناخت عملگرها و استفاده درست از آنها در ترکیب کلیدواژه ها
 - □ شناخت و استفاده از **کاراکترها** برای انجام جستجوی درست.
 - انتخاب پایگاه اطلاعاتی مناسب و معتبر



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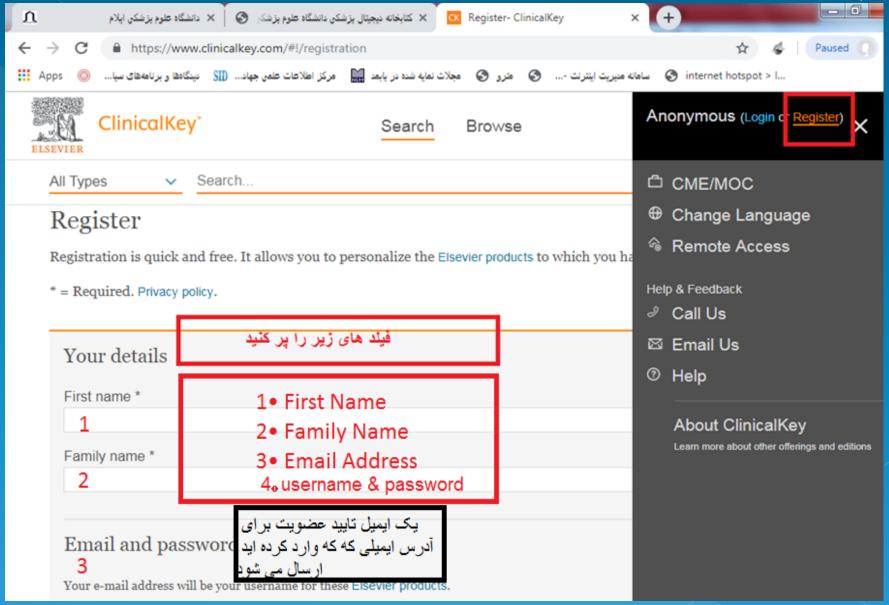




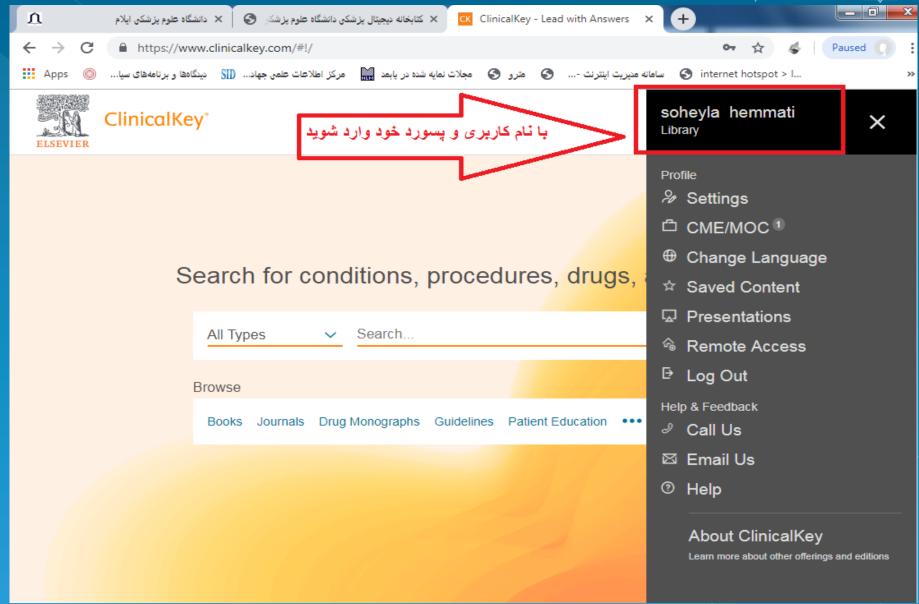
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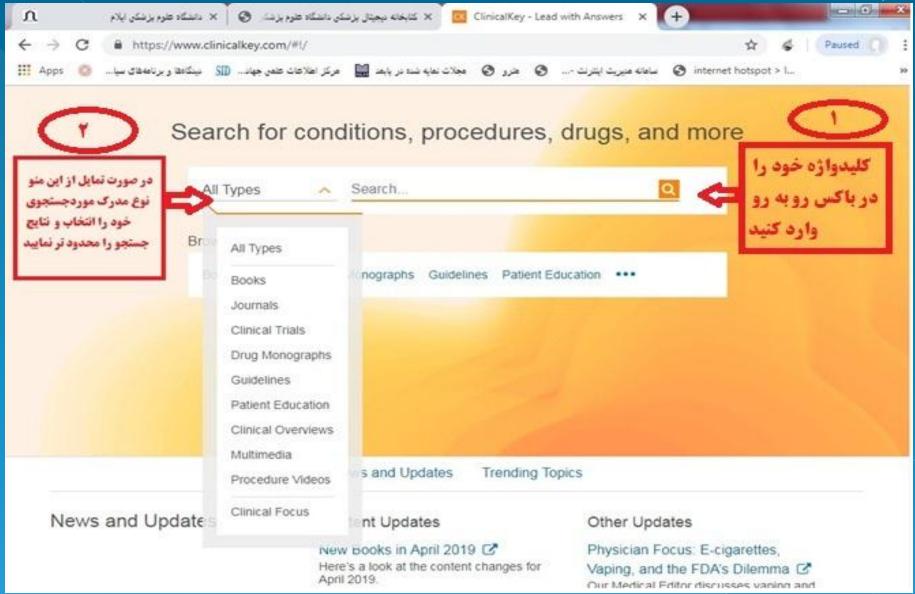
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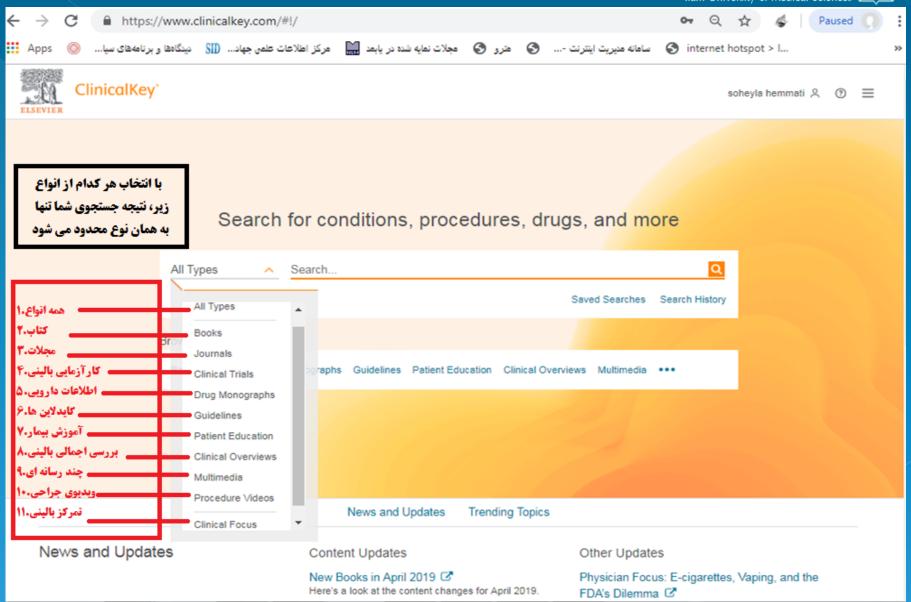
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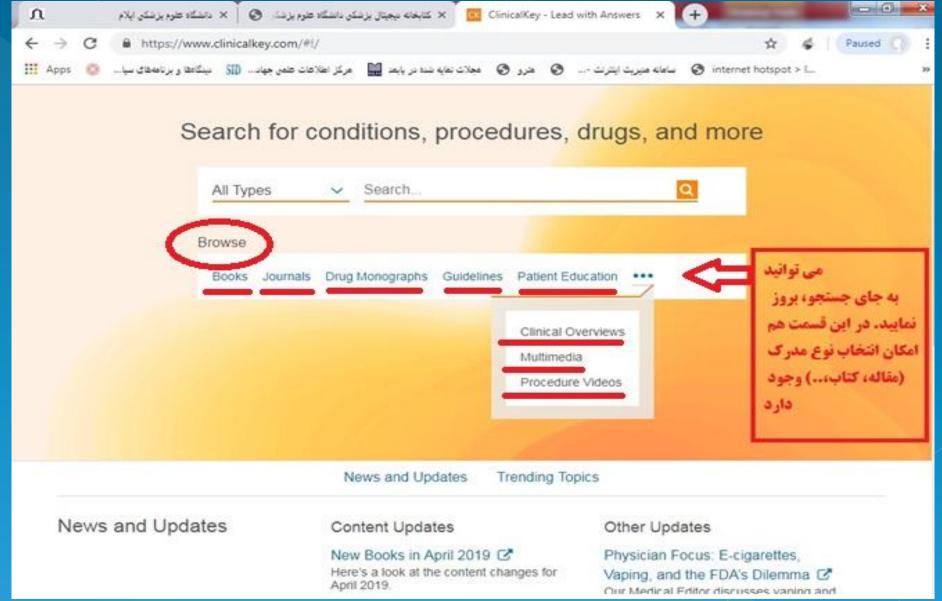












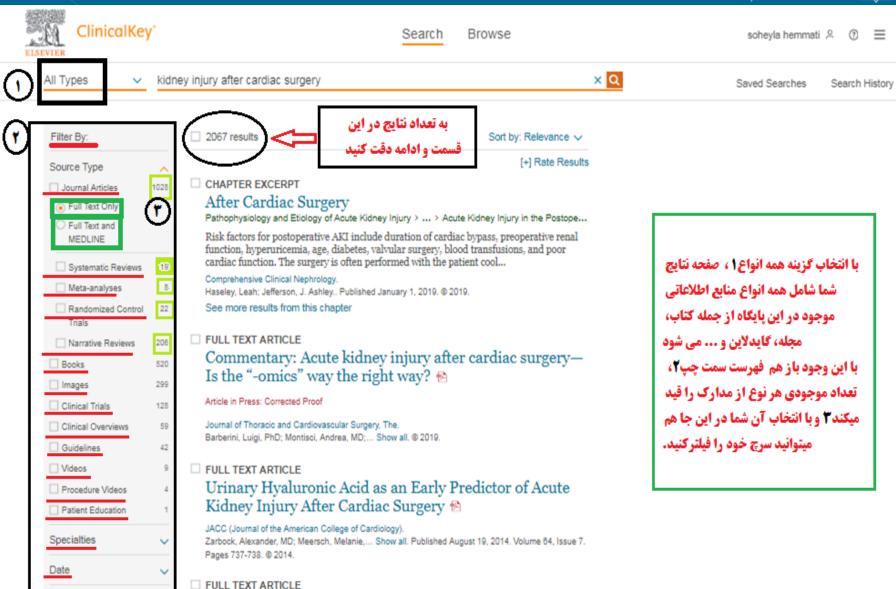
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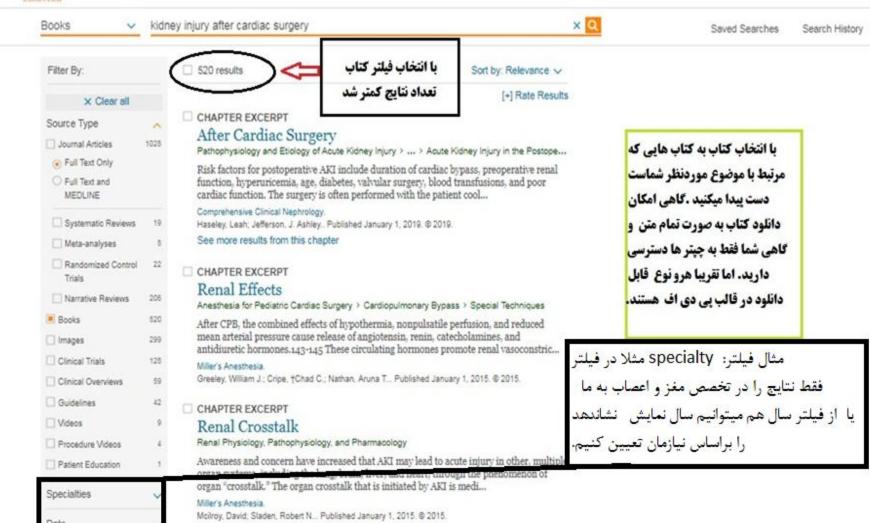


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با استفاده از ستون زبر شما میتوانید در این فصل کتاب تورق سریع داشته

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BOOK CHAPTER

Pathophysiology and Etiology of Acute Kidney Injury

Leah Haseley and J. Ashley Jefferson Comprehensive Clinical Nephrology, 66, 786-801.e1

Abstract

Acute kidney injury (AKI) is a common syndrome associated with increased morbidity and mortality. This chapter reviews the pathogenesis of AKI with a special focus on the pathophysiologic mechanisms and mediators of injury that lead to acute tubular necrosis. The pathogenesis of specific causes of AKI is described, including rhabdomyolysis, radiocontrast-induced nephropathy, and hepatorenal syndrome. A clinical approach is presented to help identify the underlying causes of AKI, and the role of nephrotoxic agents is covered in detail. The pathogenesis of AKI in sepsis, the postoperative period, and other common clinical scenarios is reviewed.

Keywords

acute kidney injury, acute renal failure, acute tubular necrosis, rhabdomyolysis, radiocontrast nephropathy, prerenal, nephrotoxicity

Definition

Acute kidney injury (AKI) is denoted by an abrupt decline in glomerular filtration rate (GFR) sufficient to decrease the elimination of nitrogenous waste products and other uremic toxins. This has traditionally been referred to as acute renal failure, but in recent years, this has been replaced with the term acute kidney injury and standardized definitions of AKI have been developed (see Table 68.1). 1 Staging criteria have been developed based on the magnitude of the rise in serum creatinine and changes in the volume of urine output over 1 week. 1

Comprehensive Clinical Nephrology Sixth Edition

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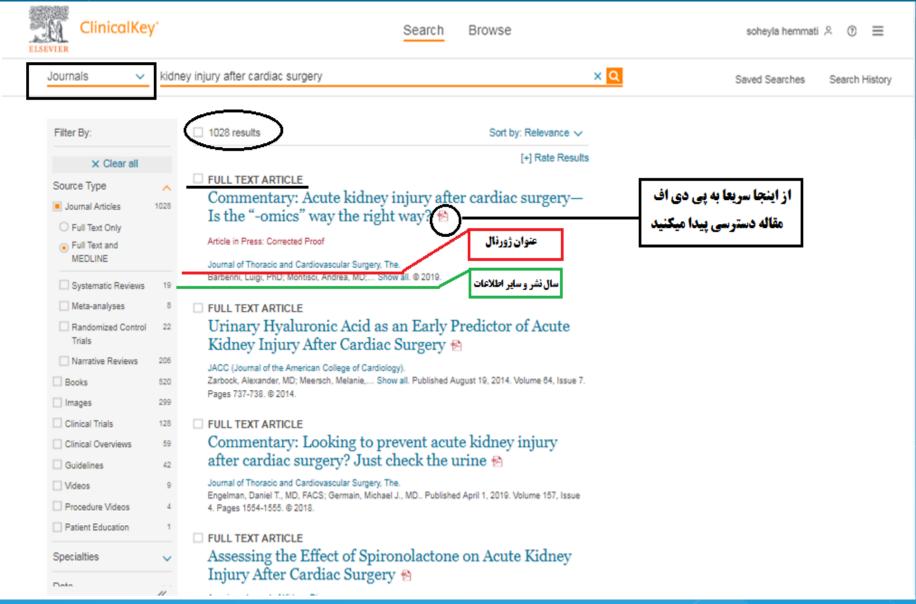
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Central Message

References

FULL TEXT ARTICLE

Commentary: Acute kidney injury after cardiac surgery—Is the "-omics" way the right way?

Article in Press: Corrected Proof

Luigi Barberini PhD, Andrea Montisci MD, Ambra Cerri MD and Antonio Miceli MD, PhD Journal of Thoracic and Cardiovascular Surgery, The, Copyright © 2019



The -omics and acute kidney injury (AKI).

CENTRAL MESSAGE

The application of "-omics" could open new horizons in the fight against acute kidney injury after cardiac surgery.

See Article page XXX.

Journal of Thoracic and Cardiovascular Surgery, The

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Acute kidney injury after cardiac surgery (CS-AKI) has been the subject of an intense research activity in the last 2 decades. Its role in worsening the patients' prognosis after heart surgery is well established. 12 Despite existing data about acute kidney injury, the quest for the Holy Grail of early diagnosis and effective treatment is ongoing.





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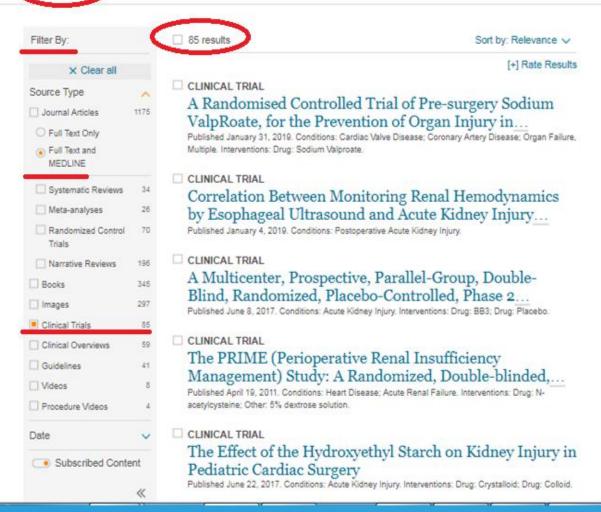
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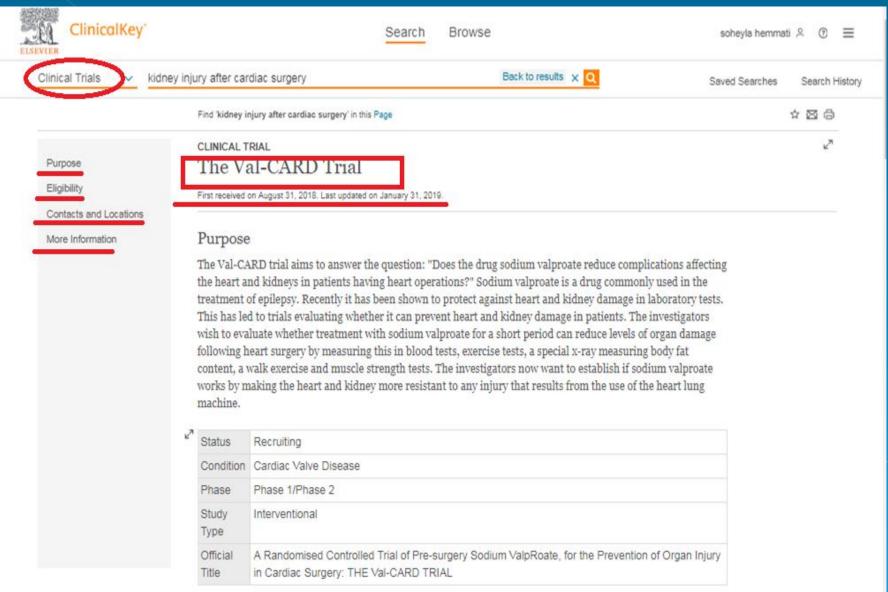
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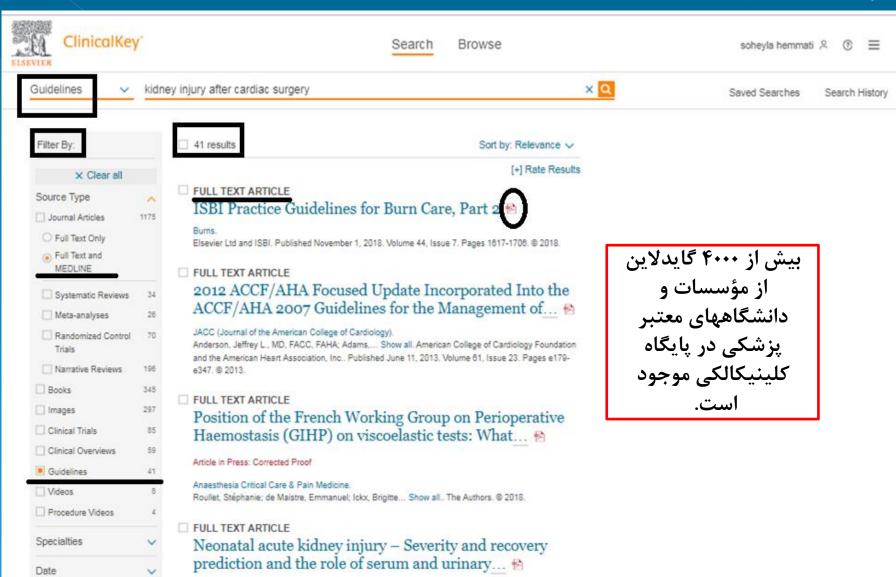




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در این قسمت شما تیترهای موجود در این مشاهده می کنید. در نتیجه امکان انتخاب و مراجعه سریع به آن بخش از

داريد

ntroduction

Background

Methods

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Acknowledgements

First aid

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Topical agents in burn care

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Considerations in formulating Recommendation 2

Considerations in formulating

FULL TEXT ARTICLE

ISBI Practice Guidelines for Burn Care, Part 2 🔊

Burns, 2018-11-01, Volume 44, Issue 7, Pages 1617-1706, Copyright © 2018 Elsevier Ltd and ISB



<u>≅</u>

BURNS



Highlights

- Burn care is unique from other disease states and varies throughout the world based on resource availability and environment.
- The goal of practice guidelines is to define the most effective and efficient methods of evaluation and management of burn injuries.
- The second ISBI Guidelines for Burn Care addresses the needs of burn specialists throughout the world.

Burns

Volume 44, Issue 7

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1 Introduction

1.1 Background

Burn care is a multifaceted process that spans multiple settings, ranging from initial injury and on-site care to long-term follow-up and reconstruction. This edition of practice guidelines (PGs) for burn care are an extension of the PG-development project of two years ago, which was inspired by Dr. Ahuja and adroitly spearheaded by Dr. Peck [1]. Part 2 of the guidelines extends the recommendations addressed in the first guidelines by addressing different aspects of ongoing burn care and addressing special types of injuries frequently treated in a burn unit. As with the first set of guidelines, the PGs in this document are recommendations for diagnosis and treatment of burn injuries. The recommendations were developed through an assiduous interactive process among a dedicated panel of experts who utilized systematic reviews of the literature as well as assessments of the benefits and harms of the presented options to define the most effective and efficient methods of evaluation and management 2 3 4 5 8.



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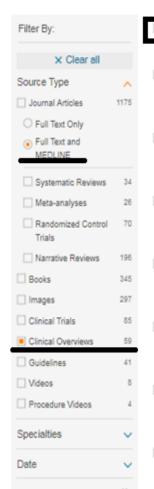
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باز هم دسترسی سریع به بخش های مختلف این محتوا

Synopsis

Key Points

key Point

Pitfalls

Terminology

Clinical Clarification

Classification

Diagnosis

Clinical Presentation

History

Physical Examination

Causes and Risk Factors

Causes

Risk Factors And/or Associations

Diagnostic Procedures

Primary Diagnostic Tools

Laboratory

Imaging

Procedures.

Differential Diagnosis

CLINICAL OVERVIEW

Acute kidney injury

Elsevier Point of Care (see details)

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Synopsis

Key Points

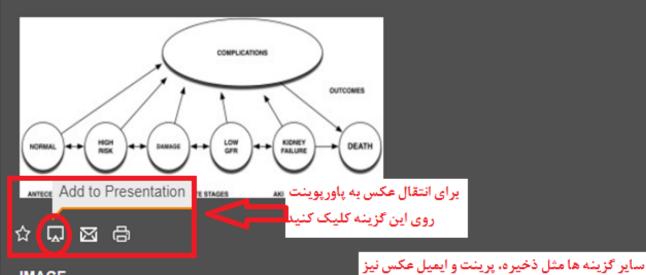
- Acute kidney injury is a sudden decrease of kidney function that results in failure to manage fluid, electrolyte, and acid-base homeostasis ¹
- Classified based on severity—stages 1 through 3—and location of injury: prerenal, intrinsic renal, or postrenal ¹
- Many patients are asymptomatic in early stages; as renal function declines, some patients exhibit signs
 of hypovolemia, uremia, and hemodynamic instability ²
- Diagnosis is made by fulfillment of KDIGO (Kidney Disease: Improving Global Outcomes) criteria, using a combination of serum creatinine levels and urine output ¹
- Initial treatment is supportive, consisting of fluid management through IV administration or fluid restriction, and hemodynamic stabilization ¹
- Renal replacement therapy may be required if patient does not respond to supportive treatments to prevent severe complications
- Complications include chronic kidney disease requiring maintenance renal replacement therapy, fluid overload, metabolic acidosis, and uremia ⁴
- · Mortality is as high as 80%, but full recovery of renal function is possible when cause of acute kidney injury is reversible and treated quickly

Pitfalls

Urgent Action

- If acute kidney injury progresses to renal failure, initiate renal replacement therapy to treat the following conditions (when unresponsive to standard medical therapy):
- Severe metabolic and electrolyte imbalances
- Pulmonary edema
- Uremic encephalopathy





IMAGE

Update on acute kidney injury aftelog in

Journal of Thoracic and Cardiovascular Surgery, The.

Shaw, Andrew, MB, FRCA, FCCM... Published March 1, 2012. Volume 143, Issue 3. Pages 676-681. © 2012.

Figure 1 Reproduced from Murray and colleagues, with permission. Conceptual model of acute kidney injury (AKI). GFR, Glomerular filtration rate.

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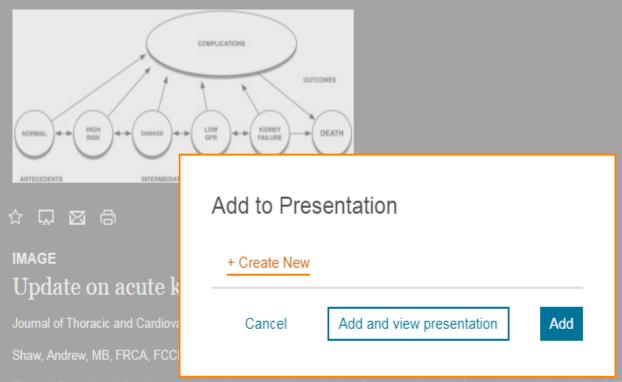


Figure 1 Reproduced from Murray and colleagues, with permission, Conceptual model of acute kidney injury (AKI), GFR, Glomerular filtration rate

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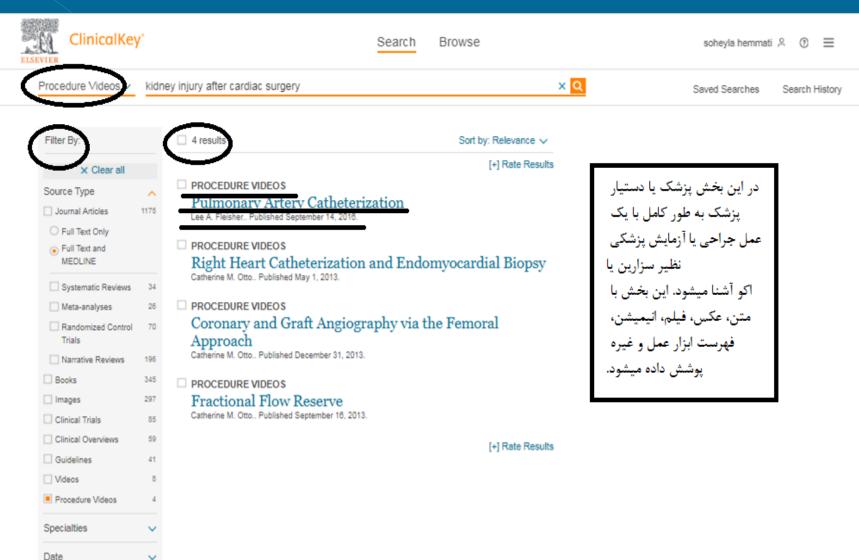


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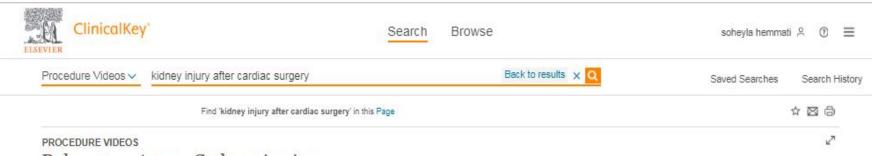






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Pulmonary Artery Catheterization



Last Reviewed Date: September 14, 2016

Editors: Lee A. Fleisher, MD, FACC, FAHA, Robert Gaiser, MD

Contributor: Jacob T. Gutsche, MD

CPT codes

36013 Introduction of catheter, right heart or main pulmonary artery

36014 Selective catheter placement, left or right pulmonary artery

36015 Selective catheter placement, segmental or subsegmental pulmonary artery

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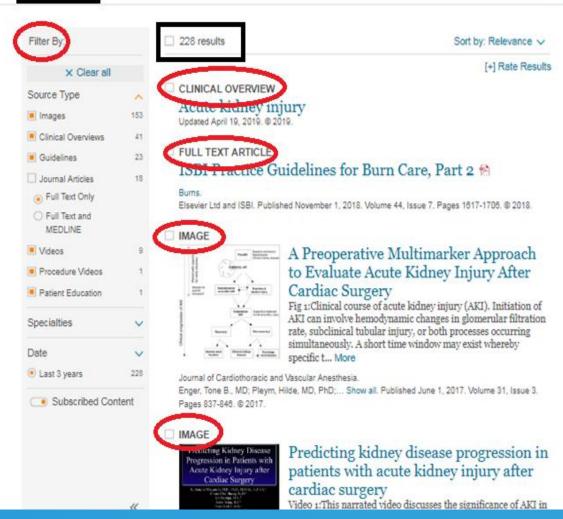
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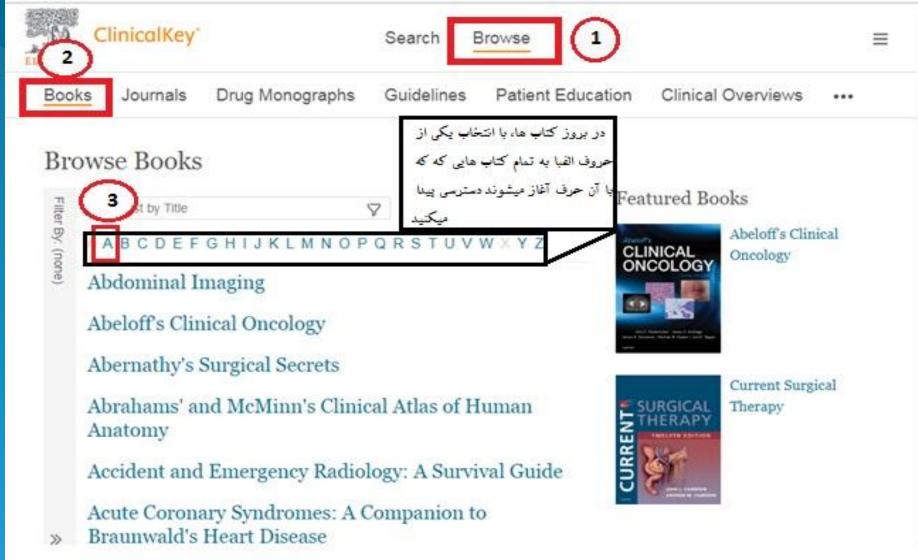




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ABDOMINAL IMAGING

SAHANI SAMIR



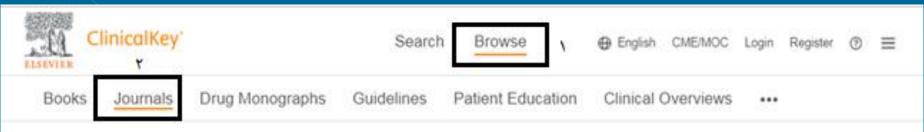
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