SHOCK

Tissue hypoperfusion despite fluid resuscitation

SEPTIC STUFF

SEPSIS

In presence of identified source

2 sirs + confirmed or suspected source

MANAGEMENT

Def A S

Organ Dysfunction

Blood

UR output <0.5 ml/kg/hr

BP < 90

(lor MAP < 60)

Hypotension

Lactate > 2

(eg.)

SIRS

Def MODAS

Severe C

Severe

Hypothermia

Temperature

INCREASED

HR

RR

uria

White cell count

Temp.

Head

GCS

Plasma

Hemoglobin

Platelet

INR > 1.5

Platelet count <100K

Bi-Q

O2 to maintain SpO2 > 90%

O2 requirement

Oral Biopsy

Def A S

Blood

Lactate > 4

Tissue hypoperfusion

Signs of early organ damage

MOD, MAP 50

Baseline, 94.5

INR > 1.5
SLE

Management:
- Hydroxychloroquine
- Azathioprine
- Steroids
- NSAIDs
- Sun block
- Rest

Investigations:
- FBC
- U&E
- ESR
- Autoantibodies
- P-R intervals

Autoimmune:
- ANA
- Anti-DNA
- RF

Depositions:
- Lupus nephritis
- Vasculitis

Serositis

Vegetations

Photosensitivity

SNA:

Rash:
- Malar rash
- Discoid rash

Nephritis

Sodium:

DETECT:

Inflammation:
- Renal
- Articular

Prednisolone

Thrombocytopenia

Antihypertensives

Thyroid

Antimalarials

Pregnancy

DMARDs

Bowel

Blood

Hepatitis

Pericarditis

Neurology

Psychosis

Thrombocytopenia

Syndrome

Depositions

Arthritis

Abnormalities

Lupus erythematous plaque

Erythematous rash
AMYLOIDOSIS

- Biopsy
- Investigate
- Nephrotic SD
- Proteinuria
- Diarrhoea
- Lance Tongue
- Gastro Intestinal Tract
- G F DISRUPTS
- Nephrotic SD
- Proteins
- Staining
- IFM
- Undiagnosed
- RA, amyloidosis
- Def A5
- Quilty deposits
- A5 in tissues throughout body
- Nervous system
- Lung
- Fat
- Kidney
- Liver
- Heart
- Gastro Intestinal Tract

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