COMPREHENSIVE
Coronary Care

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Foreword by Roger Boyle

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Comprehensive Coronary Care

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hypotension or renal arterial embolisation from left ventricular mural thrombi.

Urinary albumin excretion increases following acute myocardial infarction, and high excretion levels associate with heart failure and increased mortality (Berton et al, 2001).

Nervous system

Alterations in mental state are common on intensive care units, where there may be anxiety or even hostility arising as a response to psychological stress. Decreased cerebral perfusion may give rise to psychiatric symptoms and is predisposed to by pre-existing cerebrovascular disease. Hypoxaemia and deteriorating left ventricular function will exaggerate these effects. Narcotics and anxiolytic drugs may alter perception, and intravenous lidocaine can produce hallucinations and seizures. Mural thrombi may give rise to cerebral embolisation and stroke, and cerebral haemorrhage is a recognised complication of thrombolytic therapy, particularly in the elderly.

The metabolic system

Due to impaired tissue oxygenation

Myocardial infarction
Left ventricular failure
Pulmonary embolism
Shock
Sepsis
Pancreatitis

Other causes

Diabetes mellitus
Renal failure
Liver disease
Drugs
- Biguanides
- Alcohol
- Cyanide (sodium nitroprusside)
- Aspirin