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#Diego Butler



so many fake sites. this is the first one which worked! Many thanks

Chapter 4 Acute Coronary Syndromes

In a cardiac arrest, the brain is the most vulnerable to hypoxia. The brain can survive for only 4-6 minutes without oxygen. The brain is the most vulnerable to hypoxia. The brain can survive for only 4-6 minutes without oxygen. The brain is the most vulnerable to hypoxia. The brain can survive for only 4-6 minutes without oxygen.

For PPCI to provide a benefit, timely reperfusion is a key. The time from symptom onset to reperfusion is the most important determinant of outcome. The time from symptom onset to reperfusion is the most important determinant of outcome. The time from symptom onset to reperfusion is the most important determinant of outcome.

Where PPCI is not possible immediately, the next best option is medical reperfusion. Medical reperfusion is the next best option. Medical reperfusion is the next best option. Medical reperfusion is the next best option.

Platelet inhibition and anti-coagulant therapy in PPCI

Aspirin is the most important antiplatelet agent. Aspirin is the most important antiplatelet agent. Aspirin is the most important antiplatelet agent. Aspirin is the most important antiplatelet agent.

Other antiplatelet agents include P2Y12 inhibitors. Other antiplatelet agents include P2Y12 inhibitors. Other antiplatelet agents include P2Y12 inhibitors. Other antiplatelet agents include P2Y12 inhibitors.

Typical indications for immediate reperfusion therapy for AMI

• ST segment elevation (STEMI) or equivalent chest pain with ST-T wave changes on ECG

• Chest pain with ST depression or T-wave inversion in at least two leads

• New-onset or prolonged ST-T wave changes

Typical contraindications to reperfusion therapy

Absolute

• Previous haemorrhagic stroke

• Ischaemic stroke during the previous 6 months

• Central nervous system aneurysm or malformation

• Active internal bleeding (gastrointestinal or genitourinary) within the previous 7 days

• Known aortic dissection

• Current bleeding disorder

Relative

• Bleeding tendency (e.g. with concomitant use of anti-thrombotic drugs)

• Recent (within 3 weeks) prior surgery

• Hypotension (systolic blood pressure < 90 mmHg)

• Active peptic ulcer disease

• Alcohol abuse

• Previous allergic reaction to the fibrinolytic drug used

• Severe renal impairment (creatinine clearance < 30 mL/min)

• Severe hepatic impairment (Child-Pugh class C)

• Uncontrolled hypertension (systolic blood pressure > 180 mmHg)

• Uncontrolled diabetes

• Uncontrolled hyperlipidaemia

• Uncontrolled hyperuricaemia

• Uncontrolled hypokalaemia

• Uncontrolled hypomagnesaemia

• Uncontrolled hypocalcaemia

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