

COMPREHENSIVE Coronary Care



Nigel I Jowett • David R Thompson

Foreword by Roger Boyle

BAILLIÈRE
TINDALL
ELSEVIER

Copyrighted Material

Comprehensive Coronary Care

Nigel I. Jowett MBBS MRCS LRCP MD FRCP

*Consultant Physician and Cardiologist,
Pembrokeshire and Derwen NHS Trust,
and Director, Heart-Start, Pembrokeshire, Wales, UK*

David R. Thompson BSc MA PhD MBA RN FRCN FESC

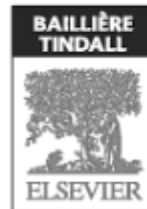
Professor of Cardiovascular Nursing, University of Leicester, Leicester, UK

FOREWORD

Roger Boyle CBE FRCP FRCPE FESC

*Professor and National Director for Heart Disease and Stroke,
Department of Health, London, UK*

FOURTH EDITION



EDINBURGH LONDON NEW YORK OXFORD PHILADELPHIA ST LOUIS SYDNEY TORONTO 2007

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