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Effect of Clearcutting Operations on the Survival Rate of ...

Clearcutting is a common timber harvesting technique that represents a significant and abrupt change in habitat conditions for wildlife living in industrial forests. Most research on this type of impact has focused on comparing populations or communities in mature forests/plantations and the

Hyperglycemic Crises in Adult Patients With Diabetes ...

A normal anion gap is between 7 and 9 mEq/L and an anion gap >10-12 mEq/L indicate the presence of increased anion-gap metabolic acidosis. Hyperglycemia is a key diagnostic criterion of DKA; however, a wide range of plasma glucose can be present on admission.

Hyperglycemic Crises in Adult Patients With Diabetes ...

Hyperglycemic Crises in Adult Patients With Diabetes  
 ABBAS E, KITABCHI, PHD, MD 1 GUILLERMO E, UMPIERREZ, MD 2 JOHN M. MILES, MD 3 JOSEPH N. FISHER, MD 1 D iabetic ketoacidosis (DKA) and the Evaluation of Factors Leading to Anion Gap Re-

Opening in ...  
 2009;32(7):1335-1343. Qari F. Clinical characteristics of patients with diabetic ketoacidosis at the Intensive Care Unit of a University Hospital. Pak J Med Sci .

Hyperglycemic Crises in Adult Patients With Diabetes

A normal anion gap is between 7 and 9 mEq/L and an anion gap >10-12 mEq/L indicate the presence of increased anion-gap metabolic acidosis. Hyperglycemia is a key diagnostic criterion of DKA; however, a wide range of plasma glucose can be present on admission.

Too much of a good thing - cfp.ca

greater than 7.3, a serum bicarbonate level greater than 18 mEq/L, and an effective serum osmolality greater than 320 mOsm/kg (normal range 280 to 290 mOsm/kg).<sup>4,5</sup> The glucose level is usually greater than or equal to 34 mmol/L.<sup>6</sup> In the calculation of effective osmolality ([sodium level 2] + glucose level), the urea concentration is not taken into account because it is freely permeable and

Clinical characteristics of patients with diabetic ...

METHODS. This was a retrospective chart review of the medical records of patients with a diagnosis of DKA who were admitted to the ICU of King Abdulaziz University between January 1, 2012 and December 31, 2013.

Review of Diabetic Ketoacidosis Management

In addition, dextrose should be added to the maintenance IV fluids at this point to prevent potential hypoglycemia.

3,7,9 IV is the preferred route of administration of insulin in patients with DKA. A randomized, prospective trial conducted by Fisher and colleagues compared the use of low-dose insulin therapy by IV, IM, and SC routes. 10 Forty-five patients were randomized in a 1:1:1 design.

#### **Insulin Pumps: Complications and Emergency Department ...**

Diabetes Care. 2009;32(7):1335-43. Laufgraben M, Kaufman S. Acute Diabetic Emergencies, Glycemic Control, and Hypoglycemia. Critical Care Medicine: Principles of Diagnosis and Management in the Adult. 2014.

#### **Use of Serum Bicarbonate to Substitute for Venous pH in ...**

Acidemia is defined as arterial pH <7.35 or venous pH (vpH) <7.3, and traditionally, a vpH <7.3 or a serum HCO<sub>3</sub> <15 mmol/L is used to confirm the diagnosis of DKA, with lower values of both indicating greater severity of the condition.

#### **Case Report: A Bittersweet Death | Emergency Medicine**

A 32-year-old man was referred for emergent evaluation of diabetes-associated complications by his primary care physician.

#### **Diabetic Ketoacidosis and Hyperosmolar Hyperglycemic ...**

In this review, the authors discuss the similarities and differences between diabetic ketoacidosis and the hyperosmolar hyperglycemic state, providing clinical pearls and common pitfalls to help guide the clinician in the diagnosis and management.

#### **[Full text] Management of adult diabetic ketoacidosis | DMSO**

1 Division of Endocrinology, Diabetes and Metabolism, 2 Division of Nephrology, Department of Medicine, 3 Department of Microbiology, Immunology, and Biochemistry, University of Tennessee Health Science Center, Memphis, TN, USA Abstract: Diabetic ketoacidosis (DKA) is a rare yet potentially fatal

#### **InfoButton Access: DrugPoints Document**

(Total daily dose of 200 to 300 units/day) Administer in divided doses twice daily, 30 minutes prior to breakfast and dinner (guideline dosage) [7] (Total daily dose of 300 to 750 units/day) Administer in divided doses 3 times daily, 30 minutes prior to breakfast, lunch, and dinner (guideline dosage) [7]