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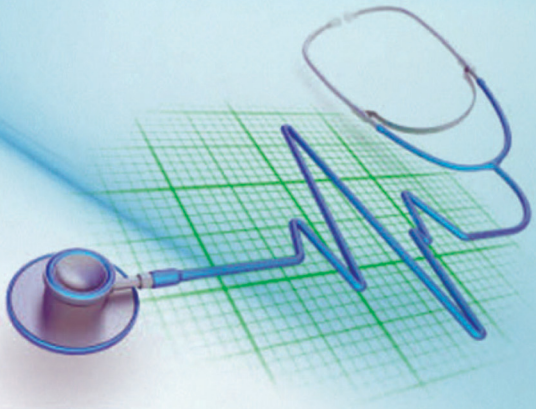
CRITICAL CARE DEFINED DICTIONARY

DICTIONARY



Arun Kumar Paul

Contents

Name	**Pages**
A	1
B	31
C	46
D	70
E	82
F	94
G	98
H	103
I	123
J	132
K	135
L	137
M	144
N	158
O	168
P	175
Q	189
R	191
S	198
T	208
U	228
V	233
W	246
X	252
Y	253
Z	254
Appendix 1	*255*

Gallamine—A synthetic nondepolarising muscle relaxant.

Dose: 2 mg/kg IV. Action is rapid, within 2–3 min, lasts for about 20 min. Action antagonised by anticholinesterases like neostigmine. It causes tachycardia, no ganglion blocking effect, mild histamine release. It passes through placental barrier. It has no direct effect on liver and kidney.

Gelatin—Gelatin solutions usually belong to three groups like oxypolygelatins, modified fluid gelatins and urea linked gelatins (polygeline, haemaccel). Obtained from collagen by means of hydrolysis. Average molecular weight is 100000. It forms a rigid gel at room temperature, aids to aggregate red cells and it is a potent antigen. Some modified preparations of low molecular weight ranging from 30000 to 35000 are available. Of these haemaccel is most popular. Its side effects are minimal. Interference with platelet function is also little.

Glasgow coma scale—A standardised scale to assess the severity of head injuries. It is based on eye opening, verbal and motor responses. Each response on the scale is given a number high for normal and low for impaired response.

Glasgow coma scale

Sign	*Evaluation*	*Score*
Eye opening	Nil	1
	To pain	2
	To speech	3
	Spontaneous	4
Verbal response	Nil	1

Contd...

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Contd...

Sign	*Evaluation*	*Score*
	Garbled	2
	Inappropriate	3
	Confused	4
	Oriented	5
Motor response	Nil	1
	Extension	2
	Abdominal flexion	3
	Flexion withdrawal	4
	Localised pain	5
	Obeys	6

The lowest score is 3 and maximum is 15. The responsiveness of the patient is indicated by the total number obtained. In severe head injury the score may be 7 or less.

Glibenclamide—An oral hypoglycaemic drug, a sulfonylurea with potency 200 times more than that of tolbutamide. Its effects persist for about 24 hours, so it can be given as single daily dose. It is contraindicated in patients with hepatic and or renal insufficiency.

Gliclazide—It is a potent oral hypoglycaemic drug with a long duration of effect. It has a specific antiplatelet aggregation activity. It is mostly safe and can be used in patients with renal impairment.

Glipizide—A new third generation sulfonylurea, a potent oral hypoglycaemic agent. The effect may persist for about 24 hours. It is metabolised in liver to inactive metabolites

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which are excreted through kidneys. So it should be avoided in patients with hepatic or renal dysfunction.

Glomerulonephritis, acute—History of recent streptococcal or other infections. There may be systemic vasculitis, occult malignancy.

Clinical features: Weakness, malaise, headache, fever, dark urine, oedema, hypertension, renal insufficiency, oliguria/anuria with azotaemia, haematuria, proteinuria, and lipiduria.

Treatment: Steroids, supportive therapy. Fluid and sodium restriction. Plasmapheresis in selected cases. Malignant hypertension and congestive heart failure should be detected early and treated accordingly.

Glucagon—Released from α islet cells of the pancreas. Secretion is regulated by dietary glucose, amino acids and fatty acids. Released in response to hypoglycaemia and glucose is a potent inhibitor of glucagon secretion. Glucagon is a physiological regulator of insulin effect.

Glucagon raises blood sugar at the expense of stored hepatic glycogen. It has potent inotropic and chronotropic effects on heart. It relaxes the intestines. Clinical uses include severe hypoglycaemia, in blocker poisoning and in radiology as an aid for visualisation of the bowel due to its ability to relax the intestines.

Glucose solutions—These are carbohydrate solutions, available as 5%, 10%, 20% and 50% solutions. It is the cheapest source of energies and provides 4 calories per gm. Used for prevention and treatment of dehydration, hypoglycaemia, ketosis in starvation, diarrhoea, vomiting, high fever, shock, haemorrhage, etc. Glucose 50% may be used partly for the dehydration effect to decrease CSF pressure and cerebral oedema.

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Glutamine—A precursor of glutathione which is the principal intracellular antioxidant in the human body.

Glutethimide—A potent hypnotic. Usual dose is 250–500 mg orally. Produces sleep in about half an hour and lasts for 6–8 hours. It has profound anticholinergic activity and there is inhibition of salivary secretion and intestinal motility. Overdose may cause coma, convulsion and apnoea. Tolerance and psychic and physical dependence can occur.

Glycerine—It is used as an osmotic diuretic by oral route. Usual dose is 1–1.5 gm/kg as 50–75% solution orally. It reduces cerebral oedema and intraocular pressure. It can also be used in IV infusion as 10% glycerine in 5% dextrose solution.

Glycopyrrolate—A synthetic quarternary ammonium compound. A powerful long-acting anticholinergic agent.

Does not cross blood brain and placental barrier. Does not produce CNS toxicity. No sedative and amnesic effects and does not produce mydriasis and cycloplegia. Duration of action is about 3–4 times longer than that of atropine. Usual dose for premedication is 1 μg/kg IM.

Graves' disease—Diffuse toxic goitre. Goitre is mostly associated with all forms of hyperthyroidism. Large goitre can cause airway abnormalities including recurrent laryngeal nerve compression, tracheal deviation and airway narrowing. See *hyperthyroidism.*

Guillain–Barré syndrome—An acute inflammation demyelinating polyneuropathy usually occurring after acute infectious diseases. An immune aetiology may be present.

Clinical features: Paraesthesia, weakness of the extremities, may progress to respiratory failure in some

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cases. Autonomic instability in severe cases. Bulbar weakness is present. Deep tendon reflexes depressed and nerve conduction slowed. CSF examination may show increased protein in most cases.

Treatment: General supportive measures. Adequate oxygenation, IPPV, tracheobronchial toilet. Tracheostomy may be needed. Plasmapheresis and IV immunoglobulin G may help to produce short-term improvement.

Gynaecological causes of abdominal pain—Includes ovarian cyst, ovarian torsion, endomyometritis, endometriosis, adenomyosis, intra-abdominal adhesions, etc.

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This book provides comprehensive source of information on the basic fundamental and practical aspects of critical care. It covers the essential pharmacology and therapeutics of common drugs used in critical care. It is written in simple, concise and easy to understand format. This is a book of immense value to students of anaesthesiology and practising anaesthetists particularly is warking in ICUs.

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