# ABSTRACTS   REZUMATE

## Point-of-care visual medicine in the management of emergency intensive care patients: case study

**\*Tincu Eugen, Damian Dan, Dascalu Corina**

Moinesti Emergency Country Hospital Moinesti, Romania
*Corresponding author: eugentincu@yahoo.com

**Introduction**: Real-time, bedside (point-of-care) medical image is actually a valuable tool in the diagnosis and management of intensive care patients. In order to illustrate, we present a case with acute chronic respiratory acidosis and hypercapnic coma, when the use of visual medicine shortened the intervention time frame and minimized the complication risks.

**Case presentation:** A male, 64 years old patient, admitted to Internal Medicine with the diagnosis of chronic obstructive bronchopneumopathy exacerbation (respiratory infection) and multiple co-morbidities presents on the 7th day rapid aggravation and has emergency ICU admittance with coma (GCS=8), polypnea (36 breath/min), hypoxemia (SpO2=55%), abundant tracheo-bronchial secretion retention, arterial hypotension (65/45 mm Hg), tachyarrhythmia (150b/min), acute on chronic respiratory acidosis (pH=7.21, PaCO2=105 mmHg). The emergency management included: video-assisted oro-tracheal intubation (after tube insertion, plugging with abundant secretions) and ventilatory support; vascular access (ultrasound guided central venous and arterial catheterization); fiberoptic-bronchoscopic removal of purulent and bloody abundant secretions; transthoracic echocardiography (severe LV hypokinezia, EF-30%, diffuse subepicardial ischemia). Under complex intensive care treatment (antibiotics, water and electrolyte correction, inotropic support, antiarrhythmic drugs, anticoagulants, mucolytics, antipyretics, enteral nutrition) the condition improves and results in weanning from ventilatory support (the 5th day), from inotropic support (the 7th day) and ICU discharge (the 8th day).

**Discussion**: In critical emergencies, the use of bedside, real-time medical images during diagnostic, monitoring or therapeutic procedures results in several advantages: it shortens the implementation time (tracheal intubation, vascular access), allows rapid evaluation and proper management institution (echocardiography), allows a significant decrease of complication risk (video-assisted laryngoscopy, fiberoptic-bronchoscopy, vascular access).

**Conclusions:** Point-of-care visual medicine – the use of real-time, bedside medical images is an imperative necessity in modern intensive care.

**Key words:** point-of-care visual medicine.

## Malpraxisul medical în România: o perspectivă sociologică

**Dumitrescu Radu Mihai**

Universitatea din București, Școala Doctorală de Sociologie, București, România
Autor corespondent: dum_mihu@yahoo.com

**Introducere:** Pornind de la faptul că în România nu există un sistem unitar de raportare a cazurilor de malpraxis, dar și de la atitudinile apărute la nivelul populației în presă și pe rețelele de socializare, manifestate prin reacții dure față de profesia de medic, am considerat utilă realizarea unui studiu privind fenomenul malpraxisului dintr-o perspectivă sociologică. Elementele centrale le-au reprezentat teoriile sociologice ale controlului social (Donald Black) și cele metodologice ale triangulării (Norman Denzin).

**Material și metode:** Metodologia de studiu a cuprins metode calitative și cantitative în încercarea de a descrie, cât mai fidel, fenomenul raportat la sistemul de sănătate românesc:

1. Indexarea, în urma selecției, a unui număr de 27 de articole publicate în Sociology of Health and Illness, obținute în urma interogării bazei de date Wiley Online Library, cu scopul identificării temelor și direcțiilor teoretice care descriu și evaluează fenomenul dat.