

1. **Dr. Peter Safar (1924–2003)**
Many of Dr. Safar’s huge accomplishments to the field of critical care medicine are known to all. He founded the core concepts of resuscitation and is considered the “Father of CPR.” He has been a three-time nominee for the Nobel Prize in Medicine. Dr. Safar is credited with the establishment of first Intensive Care Unit (ICU) in the USA.
2. **FAST-HUGS-WIPP** is a checklist format for the implementation of best ICU practices. The practices are easily memorized with the help of this mnemonic. The components are following:
 - Feeding and bowel care
 - Analgesia
 - Sedation
 - Thromboembolism prophylaxis
 - Head of bed elevation
 - Stress ulcer prophylaxis
 - Glycemic control
 - Swab mouth/brush teeth
 - Weight
 - Indwelling devices
 - Pressure ulcer prevention tool
 - Patient property checklist.
 Ref - Duncan C. FAST-HUGS-WIPP: A successful modification and implementation of an ICU mnemonic device. *Australian Critical Care*; 25 (2): 123.
3. **Lipopolysaccharide**, also known as endotoxin, is found in the outer membrane of Gram-negative bacteria. It is recognized as the most potent microbial mediator implicated in the pathogenesis of sepsis
Ref - Wolff, SM. Biological effects of bacterial endotoxins in man. *J Infect Dis Suppl.* 1973; 128: 259–264.
4. **E - Negative fluid balance**
Multiple risk factors have been identified for transfusion-related acute lung injury (TRALI), and it includes positive fluid balance. Other risk factors are alcohol abuse, septic shock, high peak airway pressure, smoking, liver transplantation, high interleukin-8 levels, emergency cardiac surgery, hematologic malignancy, massive transfusion, and few others.
Ref - Silliman CC *et al.* TRALI: Current concepts and misconceptions. *Blood Reviews* 2009; 7 (5):1016-1027.
5. **Brugada Syndrome**
Brugada syndrome is an electrocardiography abnormality with a high incidence of sudden death in patients with no structural abnormality. The disease has seen an exponential rise in the numbers of cases reported. It is an uncommon condition in the Western world. Its incidence seems to be particularly high in Southeast Asia.
Ref - Mizusawa Y, Wilde AA. Brugada syndrome. *Circ Arrhythm Electrophysiol.* 2012; 3: 606-16. PMID: 2715240.
6. A predator drug, also referred to as a date rape drug, is any drug with incapacitating effects. This incapacitates the person and rendering vulnerable to a drug-facilitated sexual assault (DFSA), including rape or other crimes. The most common form of DFSA is alcohol-related. Other date rape drugs include Rohypnol (flunitrazepam), ketamine, and gamma-hydroxybutyrate (GHB)
Ref - <http://indianforensicexpert.com/2017/08/19/date-rape-drugs/>.
7. **Diprivan-Induced Pseudo-Shock and Hypoxic Illness Syndrome**
The incidence of DIPSHIS is unknown and may be grossly underestimated because of difficulty in detection fostered by complexity of care of critically ill patients. DIPSHIS has implications for the epidemiological, diagnostic, and therapeutic study of septic shock.
Ref - <http://www.statusiatrogenicus.com/2017/09/dipshis-diprivan-induced-pseudo-shock.html>.
8. **D. Decrease T (high) to 4 s**
The patient is hypoventilating due to inadequate minute ventilation (MV) being delivered. Airway pressure release ventilation cycles between two alternating levels of CPAP, P (high) and P (low), whose durations are determined by T (high) and T (low). This pattern maintains a stable high mean airway pressure, a part of an “open lung” strategy. Ventilation occurs during the pressure drop from P (high) to P (low). PEEP is usually set to 0, but the short time at P (low) creates auto-PEEP.
The most effective way to increase MV in airway pressure release ventilation is to decrease T (high), which increases the frequency. This arterial blood gas is acceptable for a patient with acute respiratory distress syndrome; his acidemia is worsening. The trend is concerning and potentially dangerous.
Ref - Tobin MJ, *et al.* Principles and Practice of Mechanical Ventilation, 2nd edition, McGraw Hill, 2006.
9. **Jugular line for chemotherapy** - A tunneled line is inserted through the internal jugular vein with the tip at the cavoatrial junction
10. **5 MHz linear transducer** is the scan head of choice for DVT screening. Different transducers might be required

depending on the depth of the vessel and the patient's body habitus.

Ref - Adhikari S, Zeger W, Thom C, Fields JM. Isolated deep venous thrombosis: implications for 2-point compression ultrasonography of the lower extremity. *Ann Emerg Med.* 2015; 66 (3): 262-266.

Yash Javeri

Director Apex Healthcare Consortium, Delhi Chairman SCCM, Delhi NCR, India
E-mail: dryashjaveri@yahoo.com

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