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Review Article **Published Date:-2017-11-02 00:00:00**

Intensive Care Units (ICU): The clinical pharmacist role to improve clinical outcomes and reduce mortality rate- An undeniable function

Observing relevant biomedical literature we have see that clinical pharmacist play a crucial role in ICU settings with reducing in mortality rate and improving some clinical outcomes.

Case Report **Published Date:-2017-09-08 00:00:00**

Sinking Skin Flap Syndrome

A previously healthy 26-year-old gentleman, referred from a state hospital with history of alleged fall from 10 feet height at a construction site on the same day. Glasgow coma scale (GCS) at that hospital was E2 V2 M5. He was brought in to our Emergency Unit, Hospital Kuala Lumpur with GCS of E1 V2 M4 (7/15). Pupils were 5mm+ /3mm+. He sustained left ear bleed. Otherwise vital signs were stable, with no other extracranial injury. Computed tomography (CT) scan brain (Figure 1) showed right frontotemporal acute subdural hematoma with left frontotemporoparietal acute subdural hematoma, with underlying subarachnoid hemorrhage, mass effect and midline shift to left side more than 0.5cm and obliteration of basal cistern.

Case Report **Published Date:-2017-09-07 00:00:00**

Unusual presentation of a bilateral basilar stroke: Bradycardia

We report a case of 79-year-old man who presented to our emergency department (ED) for lipothymia. The patient developed significant bradycardia with hypotension. His EKG objectified a slow atrial fibrillation .the patient rapidly installed a coma. A non-contrast CT brain scan showed a bilateral vertebrobasilar ischemic stroke.

Research Article **Published Date:-2017-07-11 00:00:00**

Knowledge, attitude and practices associated with diagnosis and management of Skin and Soft Tissue Infections (SSTIs) among Pediatric Residents and Physicians in a Tertiary Hospital in United Arab Emirates (UAE)

Objectives: The study aims to assess the knowledge, attitude and practices of physicians who deal with pediatric age group SSTIs in reference to the Infectious Diseases Society of America (IDSA) guidelines on this regard that was published in 2014.

Background: Skin and soft tissue infections rank among the most frequent infections worldwide.

It is estimated that over 11 million ambulatory healthcare visits occur each year in US for skin and soft tissue infections due to Staphylococcus aureus (S. aureus) alone.

SSTIs are clinical entities of variable presentation, etiology and severity that involve microbial invasion of the layers of the skin and underlying soft tissues. SSTIs range from mild infections, such as pyoderma, to serious life-threatening infections, such as necrotizing fasciitis. One of the main challenges in managing SSTIs is to be able to identify those who need immediate inpatient intervention versus the more stable ones that can be manages in outpatient basis. In June of 2014, The Infectious Diseases Society of America (IDSA) released evidence based guidelines that has nicely covered all aspects related to the management of SSTIs.

Method:An anonymous 20-item survey exploring knowledge, attitude and practices associated with diagnosis and management of skin and soft tissue infection was distributed to physicians of different levels of expertise (from residents to consultants) in the departments of Pediatrics, Emergency Medicine and Family Medicine in different governmental facilities in Al-Ain city which is one of the major cities in United Arab Emirates.

Research Article **Published Date:-2017-06-26 00:00:00**

Chemotherapy Exposure and outcomes of Chronic Lymphoid Leukemia Patients

This study describes chemotherapy exposure, healthcare utilization, overall survival (OS) and progression-free survival (PFS) among patients diagnosed with chronic lymphoid leukemia (CLL). Newly diagnosed CLL patients who received chemotherapy were selected from the Eindhoven Cancer Registry between 1998-2011, linked on a patient-level to the PHARMO Database Network including data on in- and out-patient drug dispensings, hospitalizations and clinical laboratory measurements. Chemotherapy was classified in regimens of use based on chemotherapy combinations. OS and PFS were determined after diagnosis and after chemotherapy. Healthcare utilization was assessed in the year before diagnosis and in the year after chemotherapy.

In total, 125 CLL patients received chemotherapy: 52 patients (42%) started chemotherapy within 6 months and 73 patients (58%) started chemotherapy ?6 months after diagnosis. Mean (±SD) age was 67(±10) years and 68% was male. About 50% had one treatment line and about 25% two lines of treatment. Chlorambucil was the most common type of first line chemotherapy. Prior diagnosis, 44% were hospitalized for any cause and 94% had at least one drug dispensing. After chemotherapy, this was 43% and 98%, respectively. One-year survival rate after diagnosis was 94%. Median PFS after first treatment line was 17 months for patients starting within 6 months and 27 months for patients starting ?6 months after diagnosis. In conclusion, most CLL patients receiving chemotherapy were treated with chlorambucil. One-year after initial diagnosis, 94% were still alive. Median PFS after first line chemotherapy ranged from 17 to 27 months, depending on the timing of chemotherapy.

Research Article **Published Date:-2017-04-19 00:00:00**

Comparative Hemodynamic Evaluation of the LUCAS® Device and Manual Chest Compression in Patients with Out-of-Hospital Cardiac Arrest

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Chest compression is the fundamental technique in cardiopulmonary resuscitation (CPR) in patients with cardiac arrest [1]. The quality and the early implementation of CPR are essential to improve the prognosis and the chances of restoring spontaneous circulation. In the literature, there are some articles about the poor quality of chest compression [2-4]. Therefore chest compression is as crucial as alerting the emergency services or early defibrillation in the survival chain. In accordance with the guidelines, chest compressions have to be performed continuously to improve the outcome [5]. However, the efficacy of manual chest compression diminishes over time with the fatigue of the provider (which appears within minutes of starting the procedure), and is impaired during transportation manoeuvres, which expose patients to unforeseen interruptions and a deterioration in the quality du massage in terms of power and rhythm. The efficacy of manual chest compression has been reported to fall by 20% per minute [6,7]. Mechanical chest compression overcome this problem of operator fatigue by ensuring constant efficacy in terms of both quality and quantity. Even though current data show no difference between manual chest compression and automated systems in terms of survival, haemodynamic studies in animal models have shown that mechanical techniques are more effective [8].

Review Article **Published Date:-2017-03-14 00:00:00**

Critical Management of Status Epilepticus

Seizure is clinical manifestation of sudden disruption of the normal electrical activity of cortical neurons. The brain electrical activity is periodically disturbed, alteration in neural cell integrity, increase in firing impulses and spread to adjacent normal neurons result in temporary brain dysfunction with alterations in consciousness, behavior or motor function. It may be triggered by illness, infection, stress, stroke, brain tumor, or the underlying cause may not completely understand. Status epilepticus (SE) is a medical emergency and requires prompt diagnosis and treatment. Treatment includes general support measures, drugs to suppress epileptic activity and relieving the underlying condition. Refractory SE requires admission to an intensive care unit (ICU) to allow adequate monitoring and support of respiratory, metabolic and hemodynamic functions and cerebral electrical activity. For SE treatment, benzodiazepines are the first line antiepileptic agents, and if benzodiazepines fail to control seizures, Phenytoin is usually indicated; Phenobarbital or Valproate may also be considered. For refractory SE, Propofol and Thiopental represent first line agents after careful assessment of potential risks. In refractory SE, general anesthesia may be required. There is currently no unique consensus for definite treatment option of RSE. In this review, the management protocol of seizure, assessment, monitoring, and different alternative therapy would be discussed.
