

DOWNLOAD PDF SEPSIS IN PREGNANCY JULIE M.R. ARAFEH AND BONNIE K. DWYER

Chapter 1 : Sepsis in Pregnancy | Obgyn Key

Sepsis is a long-standing leading cause of death in adult intensive care units (ICUs); and, according to the most recent data published by the National Institutes of Health (NIH), is one of the leading causes of death in the United States. 1, 2 Although the incidence of one sepsis-related disease state, specifically septic shock, during.

Others need 2 servings daily. The following all count as 1 ounce equivalent: Adapted xviii from Home and Garden Bulletin 3. Fort Collins, Colorado M. Franz Nutrition Concepts by Franz, Inc. Rice Enterprise Advisory Services, Inc. Although this term is used to describe intense cravings to seek out specific foods, these foods are not, in and of themselves, physically addictive in the way a drug might be. Instead, the need to pursue and consume these foods may be representative of a psychological disturbance, extreme anxiety, or emotional distress. Karen Ansel A psychological: The Encyclopedia of Eating Disorders, 2nd edition. Direct additives are those that are intentionally added to foods for a specific purpose. Indirect additives are those to which the food is exposed during processing, packaging, or storing. Preservatives are additives that inhibit the growth of bacteria, yeasts, and molds in foods. Additives and preservatives have been used in foods for centuries. When meats are smoked to preserve them, compounds such as butylated hydroxyanisole BHA and butyl gallate are formed and provide both antioxidant and bacteriostatic effects. Salt has also been used as a preservative for centuries. Salt lowers the water activity of meats and other foods and inhibits bacterial growth. Excess water in foods can enhance the growth of bacteria, yeast, and fungi. Pickling, which involves the addition of acids such as vinegar, lowers the pH of foods to levels that retard bacterial growth. Some herbs and spices, such as curry, cinnamon, and chili pepper, also contain antioxidants and may provide bactericidal effects. O₂, atmospheric gas required by all animals Additives and preservatives are used to maintain product consistency and quality, improve or maintain nutritional value, maintain palatability and wholesomeness, provide leavening, control pH, enhance flavor, or provide color. Food additives may be classified as: Antimicrobial agents, which prevent spoilage of food by mold or microorganisms. These include not only vinegar and salt, but also compounds such as calcium propionate and sorbic acid, which are used in products such as baked goods, salad dressings, cheeses, margarines, and pickled foods. Antioxidants, which prevent rancidity in foods containing fats and damage to foods caused by oxygen. Artificial colors, which are intended to make food more appealing and to provide certain foods with a color that humans associate with a particular flavor e. Artificial flavors and flavor enhancers, the largest class of additives, function to make food taste better, or to give them a specific taste. Examples are salt, sugar, and vanilla, which are used to complement the flavor of certain foods. Synthetic flavoring agents, such as benzaldehyde for cherry or almond flavor, may be used to simulate natural flavors. Flavor enhancers, such as monosodium glutamate MSG intensify the flavor of other compounds in a food. Bleaching agents, such as peroxides, are used to whiten foods such as wheat flour and cheese. Chelating agents, which are used to prevent discoloration, flavor changes, and rancidity that might occur during the processing of foods. Examples are citric acid, malic acid, and tartaric acid. Nutrient additives, including vitamins and minerals, are added to foods during enrichment or fortification. For example, milk is fortified with vitamin D, and rice is enriched with thiamin, riboflavin, and niacin. Thickening and stabilizing agents, which function to alter the texture of a food. Examples include the emulsifier lecithin, which, keeps oil and vinegar blended in salad dressings, and carrageen, which is used as a thickener in ice creams and low-calorie jellies. The manufacturer bears the responsibility of proving that the additive is safe for its intended use. The Food Additives Amendment excluded additives and preservatives deemed safe for consumption prior to , such as salt, sugar, spices, vitamins, vinegar, and monosodium glutamate. Additives also enhance the nutrition, flavor, and consistency of foods. The Delaney Clause, which was included in both the Food Additives Amendment and Color Additives Amendment, prohibited approval of any additive that had been found to cause cancer in humans or animals. However, in the Delaney Clause was modified, and the commissioner of the FDA was charged with assessing the risk from consumption of additives that may cause

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cancer and making a determination as to the use of that additive. Nicholas Appert, a candymaker, brewer, and baker, reasoned that he should be able to preserve food in bottles, like wine. Appert was presented with the 12,000 franc prize by Napoleon himself. However, the secret of preserved food soon leaked to the English, who proceeded to invent the can, and the armies that faced off at Waterloo were both fortified by preserved rations. Given the mild nature of the reaction, however, it still may be used in foods. Nitrites are also a controversial additive. When used in combination with salt, nitrites serve as antimicrobials and add flavor and color to meats. However, nitrite salts can react with certain amines in food to produce nitrosamines, many of which are known carcinogens. Food manufacturers must show that nitrosamines will not form in harmful amounts, or will be prevented from forming, in their products. The flavoring enhancer MSG is another controversial food additive. MSG is made commercially from a natural fermentation process using starch and sugar. In the United States, food additives and preservatives play an important role in ensuring that the food supply remains the safest and most abundant in the world. A major task of the FDA is to regulate the use and approval of thousands of approved food additives, and to evaluate their safety. Despite consumer concern about use of food additives and preservatives, there is very little scientific evidence that they are harmful at the levels at which they are used. Regulations in European Union countries are similar to those in the United States. Elizabeth Kunkel Barbara H. Luccia Bibliography Branen, A. Food Additives, 2nd edition. Toxicology, Regulation, and Properties. For girls, puberty typically occurs between ages 12 and 13, while for boys it occurs between ages 14 and 16. Nutritional health during adolescence is important for supporting the growing body and for preventing future health problems. Teenagers need additional calories, protein, calcium, and iron. Adolescents need additional calories to provide energy for growth and activity. Boys ages 11 to 18 need between 2,800 and 3,000 calories each day. Adolescent girls need approximately 2,200 calories each day. This is a significant increase from childhood requirements. To meet these calorie needs, teens should choose a variety of healthful foods, such as lean protein sources, low-fat dairy products, whole grains, fruits, and vegetables. Protein is important for growth and maintenance of muscle. Adolescents need between 45 and 60 grams of protein each day. Most teens easily meet this requirement with their intake of beef, pork, chicken, eggs, and dairy products. Protein is also available from certain vegetable sources, including tofu and other soy foods, beans, and nuts. Adequate calcium intake is essential for development of strong and dense bones during the adolescent growth spurt. Inadequate calcium intake during adolescence and young adulthood puts individuals at risk for developing osteoporosis later in life. In order to get the required 1,300 milligrams of calcium, teens are encouraged to consume three to four servings of calcium-rich foods each day. Good sources include milk, yogurt, cheese, calcium-fortified juices, and calcium-fortified cereals. As adolescents gain muscle mass, more iron is needed to help their new muscle cells obtain oxygen for energy. A deficiency of iron causes anemia, which leads to fatigue, confusion, and weakness. Adolescent boys need 12 milligrams of iron each day, while girls need 15 milligrams. Good sources of iron include beef, chicken, pork, legumes including beans and peanuts, enriched or whole grains, and leafy green vegetables such as spinach, collards, and kale. O₂, atmospheric gas required by all animals anemia: With afterschool activities and active social lives, teens are not always able to sit down for three meals a day. Busy schedules may lead to meal skipping, snacking throughout the day, and more eating away from home. Many teens skip breakfast, for example, but this meal is particularly important for getting enough energy to make it through the day, and it may even lead to better academic performance. When teens skip meals, they are more likely to grab fast food from a restaurant, vending machine, or convenience store. These foods are high in fat and sugar and tend to provide little nutritional value. In addition, eating too many fast foods can lead to weight gain and, in some cases, diabetes and heart disease. For example, in the United States, more than 85 percent of teen girls and about 65 percent of teen boys do not include enough calcium in their diets. Such deficiency increases their chances of developing osteoporosis as adults. Snacks should be low in both fat and added sugar. Some healthful snack ideas include fresh fruit, sliced vegetables with low-fat dip, low-fat yogurt, low-fat string cheese, peanut butter and crackers, baked chips, granola bars, and graham crackers. Juices, fruit drinks, and sodas are usually very

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high in calories from natural or added sugar, so they should be consumed in moderation. Potential Nutrition-Related Problems obesity: All over the world, adolescent obesity is on the rise. This has led to an increase in obesity-related diseases like diabetes and heart disease. Staying active and eating foods that are low in fat and sugar promote a healthy weight for teens. Adolescents tend to be very conscious of appearances and may feel pressure to be thin or to look a certain way. Fear of gaining weight may lead to overly restrictive eating habits. Some teens resort to self-induced vomiting or laxative use to control their weight.

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Content descriptions General Note: At head of title: Includes bibliographical references and index. Troiano and Thomas M. Krau, and Michael A. Harvey and Baha M. Hill and Carol J. Harvey, and George R. Harvey and Gary A. Sisson and Marcy M. Arafah and Bonnie K. Miller -- Maternal obesity: Picklesimer and Karen Dorman -- Appendix A: Guidelines for the initial assessment and triage of obstetric patients -- Appendix B: Guidelines for fetal heart rate monitoring -- Appendix C: Guidelines for use of fetal acoustic stimulation -- Appendix D: Guidelines for the care of patients in labor -- Appendix E: Guidelines for the care of patients with preterm labor -- Appendix F: Guidelines for the care of patients with diagnosed or suspected placenta previa during the peripartum period -- Appendix G: Guidelines for the care of patients requiring induction of labor with oxytocin -- Appendix J: Guidelines for the care of the obstetric trauma patient -- Appendix L: Guidelines for the care of the obstetric patient requiring transport -- Appendix M: Guidelines for the care of the critically ill pregnant patient. Search for related items by subject Subject:

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Dwyer The systemic response to infection can evoke a spectrum of disease states generally and collectively referred to as sepsis. Sepsis is a long-standing leading cause of death in adult intensive care units ICUs ; and, according to the most recent data published by the National Institutes of Health NIH , is one of the leading causes of death in the United States. A consensus, with respect to terminology, provided a framework from which subsequent research has drawn to refine both diagnostic and clinical management strategies. Based on this research, a series of time-sensitive clinical management goals were identified and grouped into bundled protocols. The purpose of these protocols is to foster early recognition and treatment of severe sepsis. Inherent in these protocols is provision of patient care in an intensive care environment where appropriate resources are available, and collaboration may be facilitated. This chapter reviews the epidemiology and primary etiologies of sepsis, specifically sepsis in an obstetric population. Sepsis-related definitions and critical pathophysiologic concepts are presented. Significant complications related to sepsis are reviewed, and clinical management strategies are described, including the critical role of collaboration. Epidemiology Several large population-based studies have examined the incidence of sepsis and its associated mortality. Dombrovsky and colleagues conducted a trend analysis from the years to that studied hospitalization rates for patients with severe sepsis, and subsequent mortality and case fatality rates. Analysis of data revealed that hospital admissions for patients with severe sepsis nearly doubled from to The mortality rate from the same time period also significantly increased. Despite the overall increase in the number of cases, a decrease was seen in the case fatality rate. Hospitalization and mortality rates were higher for men compared with women; but, interestingly, the case fatality rate was higher for women. The most common site of infection was the respiratory tract. An observational cohort pan-European study was subsequently conducted regarding the incidence of sepsis in ICUs in 24 European countries, and used the same operational definitions as the study by Dombrovsky. In units with a high incidence of admissions secondary to sepsis, a higher mortality rate was also noted. Variables associated with a higher mortality rate included: Gram-negative and gram-positive microorganisms were found in cultures with similar frequency. As in the study by Dombrovsky, the most frequent site of infection was the lung. Incidence in Pregnancy Multiple studies have addressed sepsis during pregnancy. Mabie and colleagues reported results from their study of a series of 18 pregnant women diagnosed with sepsis collected over a ten-year period. In their series, the causes of sepsis were pyelonephritis 6 , chorioamnionitis 3 , toxic shock 2 , postpartum endometritis 2 , septic abortion 1 , ruptured appendix 1 , ruptured ovarian abscess 1 , necrotizing fasciitis 1 , and bacterial endocarditis 1. Escherichia coli, group A beta-hemolytic Streptococcus, and group B Streptococcus were the organisms most often identified. In , Kankuri and colleagues reported results from a study of pregnant women with sepsis which included 43, deliveries that occurred between the years and Variables most often associated with sepsis, in the setting of documented bacteremia, included obesity, primiparous status, preterm delivery, and Cesarean delivery. Of the 41 women who had sepsis with bacteremia, 1 developed septic shock. No deaths were reported. Bacteremia The presence of viable bacteria in the blood. Sepsis The systemic response to infection. Severe sepsis Sepsis associated with organ dysfunction, hypoperfusion, or hypotension. Hypoperfusion and perfusion abnormalities may include, but are not limited to, lactic acidosis, oliguria, or an acute alteration in mental status. Septic shock Sepsis with hypotension, despite adequate fluid resuscitation, along with the presence of perfusion abnormalities that may include, but are not limited to, lactic acidosis, oliguria, or an acute alteration in mental status. Patients who are on inotropic or vasopressor agents may not be hypotensive at the time that perfusion abnormalities are measured. Therefore, obstetric patients with lower than normal systolic blood pressure or

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MAPs may require alternative methods to identify hypotension of sepsis. Definitions for sepsis and organ failure and guidelines for the use of innovative therapies in sepsis. *Critical Care Medicine*, 20, 1999. A review article on sepsis in pregnancy by Fernandez-Perez and colleagues reported that sepsis in pregnancy was a rare event; the incidence of sepsis in their review declined from 0. Such trend analyses are possible in part because of international consensus on the definition of sepsis. The revised criteria are presented in Table 1. Although the revised criteria can provide a useful framework from which early diagnosis may be facilitated, they are not necessarily specific to SIRS or sepsis. Future understanding of the pathophysiology of sepsis, with respect to its triggers and mediators, may provide better tools for early identification and diagnosis. For example, when the role of inflammatory mediators in the systemic response to infection is better understood, these mediators may be useful as biochemical markers for SIRS and sepsis. These concepts are the focus of research and continue to generate debate. Historically, antimicrobial therapy was the mainstay for treatment of sepsis. However, despite the widespread use of antibiotics and pharmacologic advances, mortality rates have remained essentially unchanged. The lack of a favorable impact of antibiotics on mortality rates has prompted further study into the role of the immune system in sepsis. A prevalent hypothesis attributes the pathophysiologic alterations of sepsis to immune system dysfunction or maladaptation. The degree of immune dysfunction is likely related to multiple factors, including the virility of the pathogen, the health status of the host, the genetic response of the host to infection, and the severity of the infection.

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