

1-page TICU tips
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Neuro

1. Hepatic encephalopathy is like ileus – something caused it!
2. Cirrhotics get NMS too
3. Golytely a good hepatic enceph tool

Cardiovascular

1. Know “usual” blood pressure
2. Investigate “normal” CI
3. Watch for the crump – even w/ minor stress
4. Love, fear, + respect lactate!

Pulm

1. OK to tap belly/chest w mild-mod coagulopathy
2. Check more ABGs when Bili > 20
3. Drain ascites/hydrothoraces slowly, then speed up

GIB

1. Intubate suspected variceal bleeding pre-EGD
2. Transfuse to ~8
3. Tell GI + IR to talk directly to each other, while you stabilize pt
4. Hey GI, what's rebleed plan?
5. Balloon tamponade? – remember 50/50! (50 cm in, 50 cc air – take Xray!)

Renal

1. Cirrhotics get drug/sepsis/etc-induced AKI too
2. Carefully err on side of more volume
3. Dialysis may not be a good idea...

Infection

1. Infection likely worsens liver function, and portal HTN, per se
2. TICU handshake = ascites tap
3. Treat ~ as if transplant pt!
4. Intubation a 2-step procedure (Tube, then lung specimen)