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# Spacelabs Mcare 300 Patient Monitor Service Manual Full.17 [VERIFIED]

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finally, we were unable to find a good answer to the fourth question. it is unclear whether patients with wch would benefit from monitoring bp at an earlier age. several studies have suggested that the risk of heart failure, stroke, mi and scd can be reduced if hypertension is treated earlier in life; thus, identifying patients with wch who are at risk of developing these events earlier might suggest that more aggressive management is needed, given the early risk associated with these events. wch is associated with a higher prevalence of diabetes, and wch is a known risk factor for diabetes, suggesting that follow-up of patients

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with wch to detect the development of diabetes might be helpful. 30.2.5.1-7 if a history of sudden death, syncope, or aborted sudden death in the patient with a known cardiac condition appears to be related to an acute reversible cause, ie, dextrocardia, ddd, or short qt syndrome, the patient should be monitored with a holter monitor for at least 24 hours. the recording of the patient's vital signs should be included in the holter monitor so that the patient's physical status can be evaluated. care should be taken to assure that arrhythmia detection and therapy will be disabled. interpretation of the findings should be within the context of the patient's other clinical data and should include an assessment of the presence and severity of any arrhythmia by the caregiver. also, the clinical history should be carefully reviewed to determine whether an association with exercise, emotional stress, or noncardiac conditions should be present. any findings of sinus bradycardia, sinus tachycardia, atrial fibrillation, atrial flutter, supraventricular tachycardia, or ventricular tachycardia should be related to the patient's clinical status and exercise tolerance s2.2-5 and not considered a sign of impending sudden death. the holter monitor should be well-tolerated and used only as indicated, with as little interference as possible and no discomfort to the patient. s2.2-7

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in certain circumstances, patients with  $\beta$ -cell failure, either type 1 or type 2 diabetes, have used an artificial pancreas, such as the insulin pump, to maintain a near normal glucose concentration. this type of artificial pancreas mimics the  $\beta$ -cell function by extending the life of the insulin-producing cells and their connections with the blood vessels, and is referred to as an "extended-release insulin pump." this increased contact time with the insulin pump improves insulin production and glycemic control. more recently, a "closed-loop" artificial pancreas has been developed that regulates the glucose level by a feedback system. this is intended to reduce or eliminate hypoglycemia, a dramatic and injurious complication of diabetes (fig. 2.7). the closed-loop artificial pancreas includes algorithms that continuously monitor sensor glucose levels, evaluate the glycemic control state, and adjust the dose of insulin and/or glucagon administered to the patient. the closed-loop technology has demonstrated the ability to improve glycemic control and reduce the need for carbohydrates from the pump. this is best accomplished with at least a 72-hour shut-down of the artificial pancreas during the night, when basal insulin delivery is most important. however, a number of devices that use exogenous insulin have a shorter basal insulin delivery interval of less than 72 hours, making them unsuitable for this closed-loop approach. the arrival of this technology increases the possible options for patients who are given the gift of a life-threatening disease and have the opportunity to live significantly longer. 5ec8ef588b

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