

Week 5

1.What are the causes of Causes of hypokalaemia?

2.What are the symptoms of hypoK? And what are the ECG changes for hypoK?

3.What are the causes of hyper K?

4.What are the ECG effects of hyperK?

5.What is the difference between hyperacute T wave of ischaemia and the T wave from hyperK?

6.What are the indication for treatment of hyperK?

7.HyperK should be treated after correction of K level for pH or without correction?

8.What are the treatment options for hyperK ,mechanism of action, and time of onset of action?

9. How does urine/Cr ratio differentiate between renal, pre-renal and post-renal causes for renal impairment?

10. How much calcium in :

10 ml Calcium gluconate 10% :

10ml Calcium chloride 10% :

11. In hypercalcaemia what is the Ca^{2+} level that will need active management and what is the treatment?

12. What is the dose of IV Mg for

Pre-eclampsia:

Eclampsia:

13. What are the side effects of Mg IV administration?

14. What is the treatment of iatrogenic hypermagnesaemia?

15. What are the causes of unconjugated hyperbilirubinemia?

16. What are the causes of conjugated hyperbilirubinemia?

17. What is likely LFT pattern abnormality due to Alcohol?

18. Regarding CRP

How long after inflammation it starts to rise?

___ secretion commences within 6 hours of an acute inflammatory stimulus

What is the doubling time?

plasma concentration doubles every 8 hours

How long before it reaches its peak?

peak elevation occurs at approximately 48 hours following onset of disease