

(continued) 74.1% occurred within 48 hours of surgery; 65.3% of the patients did not experience ischemic symptoms. The 30 day mortality rate was 11.6% for those who had a perioperative MI vs 2.2% for those who did not have an MI; the mortality rate in the MI group was similar for those with and without ischemic symptoms. Since cardiac markers were not monitored beyond 3 days of the surgery, additional asymptomatic MIs may have been missed. The authors conclude that routine monitoring of cardiac markers in high-risk patients is warranted to detect perioperative MIs since the majority of these patients will not have ischemic symptoms.

Four Nephrology myths debunked

Rachoin, JS and EA Cerceo, J Hospital Med, 6: n/a. doi: 10.1002/jhm.703

This article reviews some important and often debated issues related to renal disease in hospitalized patients: 1. Hypothyroidism, unlike myxedema, is not a cause of hyponatremia; the simultaneous presence of both disorders is often noted since both are widely prevalent but additional investigations are needed to determine if there is a true correlation. 2. Sodium bicarbonate is effective for the treatment of hyperkalemia primarily by enhancing renal potassium elimination rather than by translocating potassium into cells. 3. Acetaminophen can be a cause of metabolic acidosis by causing 5-oxoprolinuria. 4. Furosemide (and sulfa containing diuretics) can be safely used in patients with an allergy to sulfa-containing antibiotics.

ID CORNER

WILLIAM SALZER MD

PREVENTION OF IV CATHETER INFECTIONS

The IDSA has just released its updated, evidence-based practice guidelines for the prevention of IV catheter infections. This will be useful for your infection control program.

O'Grady, NP et al., Guidelines for the prevention of intravascular catheter-related infections

Clin Infect Dis 2011; 52: e1-e32

<http://cid.oxfordjournals.org/content/early/2011/04/01/cid.cir257.full.pdf+html>