

ASA: Elective patients OK to drink at Time of Surgery

I	Healthy patient, no systemic disease, most all extremes of age	Healthy 20-year-old
II	Disease of one system with no functional limitation	DM, HTN
III	Disease with severe limitation	Stable angina
IV	Severe disease with constant threat to life	Chest. angina, CHF
V	Moribund patient not expected to survive without operation	Sept. arterio aneurysm
VI	Dead donor	Brain death

1. $\Rightarrow$ sufficient for inadequate anthropogenic sampling? Not being asked

100%

Team	NAHL: Win-loss-gm, goal-diff, pct	WHL: Team W-L-T, goal-diff, pct	East: Win-loss-gm, goal-diff, pct	West: Win-loss-gm, goal-diff, pct	HL: Win-loss-gm, goal-diff, pct	HL: Team W-L-T, goal-diff, pct	HL: Team W-L-T, goal-diff, pct
Sevensville Stars	2-0 (0-0-0)	1-0-0	0-0	0-0-0	0-0	0-0	0-0-0
Sevensville Stars	1-0 (1-0-0)	0-0-0	0-0	0-0-0	0-0	0-0	0-0-0
Sevensville Stars	0-0 (0-0-0)	0-0-0	0-0	0-0-0	0-0	0-0	0-0-0
Sevensville Stars	0-0 (0-0-0)	0-0-0	0-0	0-0-0	0-0	0-0	0-0-0

[illegible]

End Note — www.irs.gov/efile/efilefaq.html

100%

Abstract: *Edwardsiella ictaluri* (E. ictaluri) is a fish pathogen that causes enteric and systemic disease in cultured and wild fish. The purpose of this study was to determine the prevalence of E. ictaluri in cultured and wild fish in the United States. A total of 1,000 fish from 10 different states were sampled. The prevalence of E. ictaluri was 10% in cultured fish and 5% in wild fish. The prevalence of E. ictaluri was significantly higher in cultured fish than in wild fish ($P < 0.05$).

Total Body Deficit of HCO₃⁻ = Weight (kg) × Serum Anion Gap (24) × LCF

Fick's Equations: $2O_2 + CO_2 \text{ (consumption)} = CO + (CaO_2 - CvO_2)$

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$P_{ACO2} = [P_B - 47(P_{ACO2} - P_{ACO2}^{std})]$
 P_B = barometric pressure, P_A = alveolar pressure, RQ = respiratory quotient, P_A = arterial pressure, P_{CO2} = fraction of inspired O_2

Org. Content: $\text{CaO} = 1.20\text{Hf} + 5\text{Sn} + [\text{PbO}_2 + 3\text{O}]$

Light Microscopy Results: $\bar{M}_w = 1.6 \times 10^5$, $\bar{M}_n = 1.0 \times 10^5$, $T_g = 160^\circ\text{C}$

Boyle's Law $P \propto 1/V$, P = pressure, V = volume

Hagen - Poiseuille
Equation From:

$Q = \frac{\pi R^4 \Delta P}{8 \eta L}$ Q = flow, ΔP = pressure difference, η = viscosity
 R = radius of tube, L = length of tube

Reynolds's Number: $R = \text{linear velocity} \times \text{diameter} \times \text{density} / \text{viscosity}$

1000

Subquery: `SELECT * FROM EMP WHERE EMPNO = (SELECT EMPNO FROM EMP WHERE LASTNAME = 'SCOTT')`

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Abstract: The purpose of this study was to determine the effect of a 12-week, low-intensity, supervised walking program on the physical and psychological health of older adults. The study was a randomized, controlled trial. The intervention group consisted of 20 older adults who participated in a 12-week walking program. The control group consisted of 20 older adults who did not participate in the program. The study was conducted in a community center. The results of the study showed that the walking program had a positive effect on the physical and psychological health of the older adults. The walking program improved the physical health of the older adults, as measured by the 6-minute walk test and the Timed Up and Go test. The walking program also improved the psychological health of the older adults, as measured by the Geriatric Depression Scale and the Geriatric Anxiety Inventory. The walking program was well-tolerated by the older adults, and there were no adverse effects. The results of this study suggest that a 12-week, low-intensity, supervised walking program can improve the physical and psychological health of older adults.

3. **Ongoing losses:** evaporative milk, 4 ml/kg; med surg 6 ml/kg

Hourly AM (crystallized) Tac [1/2 fluid deficit] + hourly maintenance

[illegible]

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— **Subpoena:** Order to appear in court with answers. NO LIT. INV.

- Albuterol 10-20 mg in 4 ml saline nebulized over 10 min

— **Francia: em 1993, 2003 e 2013 (em %)**

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[illegible]

Mar. 1995–1996: Director of the Department of National Security, White House

Journal by 1.5–2 mg/dl/day and not ≥ 2.2 mg/dl/day.

- Warning: rapid correction (> 20ml/kg/day) can lead to demyelination

Physiological: Eye water (do not correct > 0.5 ml/g/day and 12 ml/g/day)

Hypocalcemia	CaCl ₂ 500–1000 mg IV or Ca gluconate 1 gm–2 gm IV over 10–20 min
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Anesthesiology Pocketcard Set

JR Anderson



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