

1: Tampa Bay Rays 9, Detroit Tigers 1

"In this volume, Souza and Staudt have selected themes that reflect the key foci of the conference. The essays presented here problematize death from a range of perspectives, including those of religion, psychology, biology, and the media.

Changing toilet habits Because a dying person is eating and drinking less, their bowel movements may reduce. They may pass less solid waste less often. They may also urinate less frequently. When they stop eating and drinking completely, they may no longer need to use the toilet. These changes can be distressing to witness in a loved one, but they are to be expected. Speaking to the hospital about a catheter for the person may help.

Weak muscles mean the individual may not be able to carry out the small tasks that they were able to previously. Drinking from a cup or turning over in bed may no longer be tasks they can do. If this happens to a dying person, their loved ones should help them lift things or turn over in bed.

Dropping body temperature A drop in body temperature may mean there is very little blood flowing to the hands. In the days before a person dies, their circulation reduces so that blood is focused on their internal organs. This means very little blood is still flowing to their hands, feet, or legs. Their skin may also look pale or mottled with blue and purple patches. The person who is dying may not feel cold themselves. Offering them a blanket is a good idea if a relative or friend thinks they may need one.

Experiencing confusion When a person is dying, their brain is still very active. However, they may become confused or incoherent at times. This may happen if they lose track of what is happening around them. A person caring for a loved one who is dying should make sure to keep talking to them. Explaining what is happening around them and introducing each visitor is important.

Changing breathing A person who is dying may seem like they are having trouble breathing. Their breathing may suddenly change speed, they might gasp for air, or they may pause between breaths. If a person caring for a loved one notices this, they should try not to worry. This is not usually painful or bothersome when being experienced by the dying person. It is a good idea to speak to the doctor for advice if someone is concerned about this change in breathing pattern. Seeing a pained expression, or hearing a noise that sounds pained, is never easy. A person caring for a dying loved one should speak to the doctor about options for pain medication to be administered. The doctor can try to make the person who is dying as comfortable as possible.

Hallucinations It is not unusual for a person who is dying to experience some hallucinations or distorted visions. Although this may seem concerning, a person caring for a dying loved one should not be alarmed. It is best not to try to correct them about these visions, as doing so may cause additional distress.

How to cope in the final hours In the hours before a person dies, their organs shut down and their body stops working. At this time, all they need is for their loved ones to be around them. A person caring for a dying loved one in their last hours should make them feel as comfortable as they can. It is a good idea to keep talking to a dying person right up until they pass away. They can often still hear what is going on around them.

Other signs of death After a loved one has died, support from family and friends may help people to cope. If a dying person is attached to a heart rate monitor, those around them will be able to see when their heart has stopped working, meaning that they have died. Other signs of death include:

2: Why Athletes Have More Heart Troubles in Old Age

An interdisciplinary work that examines the representation of death in traditional and 'new' media, explores the meaning of assassination and suicide in a post 9/11 context, and grapples with the use.

Excitatory symptoms are sometimes ignored as possible side effects of morphine. Severe adverse effects such as respiratory depression can be treated with the opioid antagonist naloxone. Patients receiving continuous infusion of morphine sulfate via indwelling intrathecal catheter should be monitored for new neurologic signs or symptoms. Further assessment or intervention should be based on the clinical condition of the individual patient. Myoclonic spasms may occur in patients receiving high dose morphine, particularly in the setting of renal dysfunction. Hyperalgesia has also been reported with high doses. Dizziness, sedation, fever, anxiety, confusion, tremor, diaphoresis, lethargy, feeling of warmth Uncommon 0. Withdrawal symptoms after either abrupt cessation or fast tapering of the drug, headache, chills, flu syndrome, malaise, withdrawal syndrome, pallor, facial flushing, syncope, loss of concentration, insomnia, amnesia, paresthesia, agitation, vertigo, foot drop, ataxia, hypesthesia, slurred speech, hallucinations, euphoria, apathy, seizures, myoclonus Frequency not reported: Respiratory depression Uncommon 0. Hiccup, rhinitis, atelectasis, asthma, hypoxia, voice alteration, depressed cough reflex, noncardiogenic pulmonary edema, bronchospasm [Ref] Gastrointestinal Morphine may cause constriction of the common bile duct and spasm of the sphincter of Oddi, thereby increasing intrabiliary pressure and worsening, rather than relieving, biliary colic. In addition, morphine may cause intense but uncoordinated duodenal contraction and decreased gastric emptying. Dry mouth, constipation, nausea, diarrhea, anorexia, abdominal pain, vomiting Uncommon 0. Dysphagia, dyspepsia, stomach atony disorder, gastroesophageal reflux, delayed gastric emptying, biliary colic, increased gastroesophageal reflux, intestinal obstruction [Ref] Cardiovascular Uncommon 0. Tachycardia, atrial fibrillation, hypertension, hypotension, palpitations, bradycardia, vasodilation [Ref] Psychiatric Uncommon 0. Abnormal thinking, abnormal dreams, depression, fearfulness, agitation, paranoia, psychosis, hypervigilance, hallucinations, delirium Frequency not reported: Withdrawal symptoms after abrupt cessation of therapy [Ref] Genitourinary Uncommon 0. Urinary abnormality, urinary retention, urinary hesitancy [Ref] The risk of acute urinary retention is very high when morphine is administered by epidural or intrathecal injection. Clinicians should be attentive to the increased risk of urosepsis in this setting, particularly if instrumentation of the urinary tract is necessary. Thrombocytopenia [Ref] Endocrine Uncommon 0. Asthenia, accidental injury Uncommon 0. Back pain, bone pain, arthralgia Frequency not reported: Opioid-induced involuntary muscle hyperactivity with chronic high doses [Ref] Dermatologic Uncommon 0. Decubitus ulcer, pruritus, skin flush [Ref] Ocular Uncommon 0. Amblyopia, conjunctivitis, miosis, blurred vision, nystagmus, diplopia [Ref] Hypersensitivity Very rare less than 0. Hypersensitivity reactions, anaphylaxis [Ref] Hepatic Uncommon 0. Peripheral edema Uncommon 0. Westerling D, Frigren L, Høglund P "Morphine pharmacokinetics and effects on salivation and continuous reaction times in healthy volunteers. Etches RC "Respiratory depression associated with patient-controlled analgesia - a review of eight cases. Chambers FA, Mccarroll M, Macsullivan R "Polyarthralgia and amenorrhoea as a complication of intrathecally infused morphine and dilaudid in the treatment of chronic benign back pain. Kwan A "Morphine overdose from patient-controlled analgesia pumps. Morley AD "Profound respiratory depression with morphine patient-controlled analgesia in an elderly patient. Thorn SE, Wattwil M, Kallander A "Effects of epidural morphine and epidural bupivacaine on gastroduodenal motility during the fasted state and after food intake. Galea M "Morphine-induced pruritus after spinal anaesthesia. Kardaun SH, de Monchy JG "Acute generalized exanthematous pustulosis caused by morphine, confirmed by positive patch test and lymphocyte transformation test. Goldstein JH "Effects of drugs on cornea, conjunctiva, and lids. Some side effects may not be reported. You may report them to the FDA.

3: BMJ Best Practice

A look at the signs of death and indications that someone is near to the end. Included is detail on when to say goodbye and how to cope with death.

Other symptoms can include dizziness, lightheadedness, fainting, chest pain or shortness of breath. Many arrhythmias are benign, meaning they do not require urgent treatment, but that fluttery feeling can also signal a life-threatening condition. What are the types of abnormal heart rhythms? There are many different types of irregular heartbeats, and the type and severity will influence how your doctor treats the problem. You may feel like your heart is beating too fast, a condition known as tachycardia, or like it is beating too slowly, called bradycardia. A common condition, if left untreated A-Fib greatly increases the risk of stroke. VT causes the heart to beat too quickly and inefficiently. VT often occurs due to other heart conditions, such as coronary artery disease, cardiomyopathy or valve disease. Other common arrhythmias include paroxysmal supraventricular tachycardia PSVT , Wolff-Parkinson-White syndrome, atrial flutter and ventricular fibrillation. Treating cardiac arrhythmia Treatment of your arrhythmia will depend on the type and frequency of the irregular heartbeat. To help diagnose the cause of the irregular heartbeat, your doctor may also perform tests, such as an electrocardiogram and echocardiogram. The electrocardiogram, also called an ECG or EKG, is a noninvasive test that records the electrical activity of your heart, letting your doctor see how fast your heart is beating and whether the rhythm is regular or irregular. Similarly, the echocardiogram uses noninvasive ultrasound imaging to see the heart as it beats. This lets the doctor see the size and shape of your heart chambers and see how the chambers and valves are functioning. The tests will help confirm the cause and type of arrhythmia. Then, your doctor will work with you to create a treatment plan to help control symptoms and, depending on the type of arrhythmia, treat underlying causes and risk factors. Why our program is different Our cardiac arrhythmia team at Penn specializes in finding the right treatment for you, and are especially skilled in treating difficult or persistent arrhythmias that are resistant to medication. We understand that living with an irregular heartbeat can be uncomfortable and make it hard to enjoy the things you love. Our primary mission is to minimize the risk of heart disease and help you live a more comfortable life. Common arrhythmia treatments include:

4: Signs of death: 11 symptoms and what to expect

James Souza of Modesto was introduced to a leadless pacemaker after an exam showed his heart rate was only 32 beats per minute. Cyclist Lance Armstrong might have impressed the world with his.

Atrial Fibrillation Atrial Fibrillation Atrial fibrillation is the most common type of arrhythmia, which is an irregular heart rate or rhythm. This abnormal rhythm is called fibrillation. The SA node normally sends signals that cause the atria to contract and pump blood to the lower chambers of your heart ventricles at about 60 to 100 times per minute. With atrial fibrillation, the signals start outside the SA node and result in fibrillation. Two common causes of this are high blood pressure and coronary artery disease, which is narrowing of the arteries that supply blood to your heart muscles. In addition, the atria and ventricles do not beat in a coordinated way. As a result, the amount of blood pumped out of the ventricles to the body is inconsistent. It may be rapid small amounts of blood or sporadic large amounts of blood. There are different types of atrial fibrillation. It may be temporary, starting suddenly and then stopping on its own, usually within 24 hours. Or, it may be ongoing. Persistent atrial fibrillation starts suddenly and continues for more than a week, sometimes stopping on its own and other times requiring medication or other treatment to restore a normal heart rhythm. Permanent atrial fibrillation is always present. It does not stop on its own or with treatment. Possible complications of atrial fibrillation include stroke and heart failure. Atrial fibrillation causes blood to pool in your atria, which can cause a blood clot to form. If a clot breaks free and blocks blood flow to your brain, you could have a stroke. Atrial fibrillation also makes your heart work harder to pump blood out to your body. Over time, fluid can back up into your lungs and can start to pool in your legs. These are signs of heart weakening called heart failure. Though these complications are possible, most people with atrial fibrillation can lead normal, active lives. You may need treatment, however, to restore a normal heart rhythm and prevent stroke. Treatments could include medications, medical procedures and lifestyle changes. Symptoms of Atrial Fibrillation The following symptoms of atrial fibrillation are the most common. However, many people have no symptoms at all. With or without symptoms, atrial fibrillation increases the risk of having a stroke or heart failure. Lack of energy and fatigue the most common symptoms Irregular or rapid heartbeat or pulse Heart palpitations feeling skipped beats, rapid beats or fluttering Lightheadedness or fainting.

5: Benjamin D'souza, MD: cardiologist in Philadelphia, PA

Atrial fibrillation is the most common type of arrhythmia, which is an irregular heart rate or rhythm. If you have atrial fibrillation, your heart's electrical signals become rapid and disorganized, causing the two upper chambers of your heart (the atria) to contract quickly and irregularly. This.

Rheumatic heart disease is heart muscles and valves damage due to rheumatic fever caused by *Streptococcus pyogenes* a group A streptococcal infection. Risk factors There are many risk factors for heart diseases: One of them relates to serum cholesterol level. In men, this increase levels off around age 45 to 50 years. In women, the increase continues sharply until age 60 to 65 years. Estrogen may have protective effects on glucose metabolism and hemostatic system, and may have direct effect in improving endothelial cell function. These effects may, at least in part, explain its cardiovascular benefits. The World Health Organization attributes approximately 1. There is a direct relationship between high levels of alcohol consumption and risk of cardiovascular disease. However, delays in recognition and diagnosis of celiac disease can cause irreversible heart damage. Psychosocial factors, environmental exposures, health behaviours, and health-care access and quality contribute to socio-economic differentials in cardiovascular disease. They include family history, coronary artery calcification score, high sensitivity C-reactive protein hs-CRP , ankle-brachial pressure index , lipoprotein subclasses and particle concentration, lipoprotein a , apolipoproteins A-I and B, fibrinogen , white blood cell count, homocysteine , N-terminal pro B-type natriuretic peptide NT-proBNP , and markers of kidney function. There is evidence that workplace exposure to lead, carbon disulphide, phenoxyacids containing TCDD, as well as working in an environment where aluminium is being electrolytically produced, is associated with stroke. Several large-scale research projects looking at human genetic data have found a robust link between the presence of these mutations, a condition known as clonal hematopoiesis , and cardiovascular disease-related incidents and mortality. The Pathobiological Determinants of Atherosclerosis in Youth PDAY study demonstrated that intimal lesions appear in all the aortas and more than half of the right coronary arteries of youths aged 7-9 years. In order to stem the tide, education and awareness that cardiovascular disease poses the greatest threat, and measures to prevent or reverse this disease must be taken. Obesity and diabetes mellitus are often linked to cardiovascular disease, [64] as are a history of chronic kidney disease and hypercholesterolaemia. Framingham or Reynolds risk scores. The number and variety of risk scores available for use has multiplied, but their efficacy according to a review was unclear due to lack of external validation or impact analysis. Tobacco cessation and avoidance of second-hand smoke. Excessive alcohol intake increases the risk of cardiovascular disease [94] [92] and consumption of alcohol is associated with increased risk of a cardiovascular event in the day following consumption. A Cochrane Review found some evidence that interventions aiming to reduce more than one cardiovascular risk factor may have beneficial effects on blood pressure, body mass index and waist circumference; however, evidence was limited and the authors were unable to draw firm conclusions on the effects on cardiovascular events and mortality. It is unclear whether or not dental care in those with periodontitis affects their risk of cardiovascular disease. Saturated fat and cardiovascular disease and Salt and cardiovascular disease A diet high in fruits and vegetables decreases the risk of cardiovascular disease and death. A Cochrane review found some evidence that yoga has beneficial effects on blood pressure and cholesterol, but studies included in this review were of low quality. Epidemiology Cardiovascular diseases deaths per million persons in

6: Congestive Heart Failure - South County Internal Medicine

Milford Connecticut Cardiologist Doctors physician directory - Arrhythmia (irregular heartbeat or abnormal heart rhythm) symptoms include palpitations, dizziness, fainting, shortness of breath and chest discomfort.

7: Congestive Cardiac Failure with Pre-renal Acute Renal Failure - Leela D'Souza - www.enganchecubano

THE IRREGULAR PULSE OF DEATH.MARGARET SOUZA pdf

This is particularly true when such ventricular ectopy is either frequent and/or complex, because the latter arrhythmias identify a subset of patients in cardiovascular disease populations at increased risk of death and sudden cardiac death.

8: Morphine Side Effects in Detail - www.enganchecubano.com

The 'vagal' nerves lower the heart rate and therefore it was assumed the low heart rate of athletes is the result of over activity of the vagal nerves," first author Dr Alicia D'Souza of The.

9: The Road Map to a Regular Heartbeat - Research2Reality

The primary objective is to measure the proportion of participants with an irregular pulse detected by the Apple Watch (Apple Inc, Cupertino, CA) with AF on subsequent ambulatory ECG patch monitoring.

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The are we there yet years (15 and 16 : the low points Advances in technology and information management The anchorage for the worlds marvels : the Minneapolis years Part III. On utopia and America: post-constitutional America; Ameritopia. Natural Healing Therapies The Wilderness Trapper The west bank of the Hudson River, Albany to Tappan Understanding Academic Lectures/Teachers Manual The Little Restaurants of San Francisco (A Camaro Guide) Talk Now! Burmese Far Northern Connections An Introduction to Electrical Measurements Ultrasonography in vascular diseases