

## “CHECK-LIST” DEL PACIENTE CRÍTICO

### Regla “EMPANADILLAS”

- **E**levación del cabecero.
- **M**icrobiología (batería de cultivos semanales).
- **P**rofilaxis tromboembólica.
- **A**nalgesia.
- **N**utrición (Enteral/Parenteral).
- **A**ntiH2 (prevención úlcera de estrés).
- **D**extrostix (Glucemia).
- **I**nsulina según dextrostix.
- **L**avado de manos antes/después de examinar al paciente.
- **L**ectura bibliográfica/revisión casos/etc.
- **A**ntibióterapia (profiláctica/terapéutica).
- **S**edación.

Table 1. The seven components of the Fast Hug approach

Component	Consideration for Intensive Care Unit (ICU) Team
Feeding	Can the patient be fed orally, if not enterally? If not, should we start parenteral feeding?
Analgesia	The patient should not suffer pain, but excessive analgesia should be avoided
Sedation	The patient should not experience discomfort, but excessive sedation should be avoided; “calm, comfortable, collaborative” is typically the best level
Thromboembolic prevention	Should we give low-molecular-weight heparin or use mechanical adjuncts?
Head of the bed elevated	Optimally, 30° to 45°, unless contraindications (e.g., threatened cerebral perfusion pressure)
Stress Ulcer prophylaxis	Usually H <sub>2</sub> antagonists; sometimes proton pump inhibitors
Glucose control	Within limits defined in each ICU