

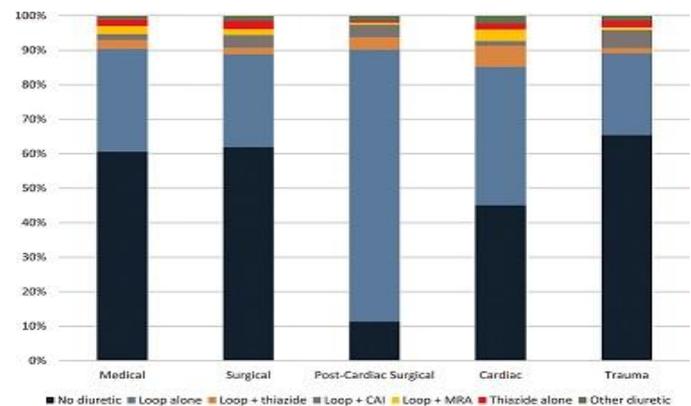
Modern intensive care is defeating the fatal SARS-Cov 2/ COVID 19

Ilie Vasiliev*

Multifunctional monitoring, arterial markers, carried out according to National Protocols&WHO. Treatment of interspecific COVID19 with the manifestation of MODS was guided by the “Surviving Sepsis COVID19” using MOST-ELSO. Modeling of the index of EVLWI. If EVLWI is <10 mL/kg this indicates alveolar atelectasis which requires volemic resuscitation VR, bronchoscopy, alveolar recruitment and surfactant therapy. Where EVLWI is >10 mL/kg, which is a threat to pulmonary edema which requires a reduction in VR and the inclusion of diuretics, ultrafiltration and MOST-ELSO, inotropic therapy and blood arterial monitoring. Mechanical ventilation with alveolar recruitment. Microcirculatory-mitochondrial recruitment to by↓ the tissue hypoxia marker pCO₂ AV gap>6 mmHg. Crystalloids were used. Hydroxyethyl starches and Dextran’s were not used. Perfusion pressure was maintained by Norepinephrine. Atropine eliminated bradycardia. Albumin&Plasmapheres was used after VR. Parenteral and probe enteral nutrition. Heparin, reduces mortality&increases survival. Hyperthermia reduction was carried out exclusively by Paracetamol, against the background of Dexamethasone approved by the UK at COVID19. Antiviral, antioxidant, antibacterial and antifungal treatments were prescribed. Hydroxychloroquine was used, which thereafter has been revised by France. The intracellular penetration of the coronavirus occurs through cell membranes in the presence lesion of the ion transporters described in the syndrome of Maria&Irina Vasilieva, observed after Immuno Compromise CHAOS dissonance. The penetration of COVID19 into the host cell is carried out by.

Blocking the ACE2 receptors and the CD147 molecule. This explains the therapeutic effect after plasma transfusion of a person with convalescent COVID-19, due to the presence of monoclonal antibodies CA1&CB6, the latter, which selectively bind to COVID19 antigens, prevent the COVID19 S-protein from combining with ACE 2. D614G protein from COVID19 determines the mutagenicity of SARS-COVID19 and MERS-CoV. Monoclonal antibodies neutralize the proinflammatory cytokines IL6, thereby preventing cytokine storms, the development of MODs, resembling the effect of tocilizumab and downscaling Mehta.

Common equipment in an ICU includes mechanical ventilators to assist breathing through an endotracheal tube or a tracheostomy tube; cardiac monitors for monitoring Cardiac condition; equipment for the constant monitoring of bodily functions; a web of intravenous lines, feeding tubes, nasogastric tubes, suction pumps, drains, and catheters, syringe pumps; and a wide array of drugs to treat the primary condition(s) of hospitalization. Medically induced comas, analgesics, and induced sedation are common ICU tools needed and used to reduce pain and prevent secondary infections.



Ilie Vasiliev | Professor MD Ilie Vasiliev, Professor at the World Academy of Medical Sciences. First Superior Executor Vice-President of the World Academy of Medical Sciences
Email: illevasiliev@yahoo.com

Ilie Vasiliev

Professor MD Ilie Vasiliev, Professor at the World Academy of Medical Sciences. First Superior Executor Vice - President of the World Academy of Medical Sciences, E-mail: illevasiliev@yahoo.com