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**Case Report Cardiovascular disease and Acute Kidney Disease caused by  
Cardiopulmonary Resuscitation in blood sugar .**

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**Objectives:** Acute kidney disease and cardiac arrest Myocardial dysfunction which lead to tissue hypoperfusion and multiple organ dysfunction it is not a prognostic factor for poor outcome . After spontaneous circulation recovery. Age epinephrine dose, blood glucose and shock status are independent predictors of microvascular and macrovascular complications of diabetes.

**Methods:** we Selected Between CVD and AKI share common traditional risk factors such as smoking obesity, hypertension diabetes and dyslipidemia however blood sugar control often under diagnosed and undertreated in patient with CVD and AKI. As clinicians the injurious effects of hyperglycemia are separated into microvascular complication and macrovascular complication. For this reason, patients and physicians should continue to strive for the best possible glucose control .

**Results:** The Patient 55 years old man had refused diabetic history. This time he was suffered from general weakness for 3 days with polydipsia and polyuria under the impression of hyperosmolar hyperglycemia beside high fever with chills was noted electric cardio version and adenosine was given for paroxysmal supraventricular tachycardia and then intubation was performed. initially ventilator with pressure control mode use and high positive end expiratory pressure were used for oxygenation support after sedation and pain control administration beside vasopressor were used for profound shock. cardiovascular disease (CVD) was suspected and cardiac echo was performed and revealed hyperkinesia at apical and inferior wall. We had kept insulin infusion due to persistent hyperglycemia. His condition wasn't improved and shift to tigecycline for atypical pneumonia treatment total hydration with about 4500L/R plus tetrastarch 500ml was prescribed. Therefore, oliguria were also noted and poor response to diuresis used Hemodialysis was done due to acute kidney injury (AKI) with oliguria. After above treatment. He was weaned from ventilator on day 15 of cardiac arrest. Now he still has regular insulin continued infusion for diabetic control and keep mechanical ventilator weaning as patient tolerance.

**Conclusions:** This Study was a Case report