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**Swan guided therapy**

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response from passive foot growth testing. *Intensive Care Med* 39:93–100Article CAS PubMed Google Scholar Page 2 From: Alternatives to the Swan-Ganz Variables probe measured by PAC Alternatives to PAC Comments Cardiac output measurements from thermose separate pulse wave, uncalibrated (PWNC) PAC measurements intermittent or semi-forgiveness PWNC continuous measurements (beat by beat); less accurate and accurate but satisfactory for pulse wave voltages, calibrated (PWC) PWC continuous measurements (beat by beat); accurate and accurate, but require recalibration of Interplectic and lithium thermodie (essentially) As reliable as the thermomodulation PAC Soundcardiography Reliable supplied measurements performed on the left abdominal tube outlet Oesopaeal Doppler Heart output estimates from the lower body flow; relevance of the assessment of aortic diameter Bioimpedance/bioreactance Accuracy and accuracy questioned in severe conditions, but satisfactory for trends PAOP Tumors and extravascular lung water from TPTD The relationship between tumors and pressures is curved PAP by PAC affected by pleural-pericardial-abdominal Volumetric indicators do not differentiate the right and left sides Soundcardiography Semi-quantity measurement (low mean-increased) and for the Dynamic fluid response indicators Accurate estimation of fluid response but do not evaluate lap rap cvp increase Almost identical if the central catheter is correctly placed Soundcardiography Only as a semi-quantity measurement (low mean elevation) Pulmonary blood pressure (PAP) Soundcardiography provides reliable measurements of PAP provided that cvp is invasively measured SvO2 ScvO2 Not identical (as lower body not taken into account in SvO2) but satisfactory agreement for use on the PvaCO2 PvaCO2 bedside table with PvCO2 via central line Non-identical (as lower body is not taken into account in ScvO2) but satisfactory agreement for use on bedside Variables not measured by PAC Clinical tissue perfusion indicators Do not determine the cause of hypoperfusion The area investigated may not reflect other areas Microcirculation The area investigated may not reflect other areas Lactic Not always of sub-toxic origin Slow changes in lactic PAC pulmonary artery catheter concentrations , TPTD inter-ship thermomic thermomodization, PAOP pulmonary artery blocked pressure, RAP right vaginal pressure, CVP central venous pressure, SvO2 mixed-venous oxygen saturation, ScvO2 central venous oxygen saturation, PvaCO2 veno-arterial difference in PCO2 PCO2

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