



FINDING OF MIDAZOLAM VERSUS OTHER SEDATIVE IN ACUTE PULMONARY EDEMA PATIENTS.

Emergency Medicine

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KEYWORDS

Morphine is being used for long time in patients with acute pulmonary oedema its has anxiolytic and vasodilators properties morphine was also used in some cases but the results of morphine is relatively poor and In clinical findings/trial showed that patients with acute pulmonary edema treated with midazolam had less serious adverse events than other sedative drags like morphine and there is a better outcome and less complication.

OBJECTIVE:-

This study was conducted in Emergency Department SMS Hospital Jaipur with a set group of patients arrived in Emergency Department with cardiac failure/ acute pulmonary edema like picture.

The primary aim of this observation trial study to find out the risk component/ event in the acute pulmonary edema patients in treated with midazolam in compare to other sedative like morphine. The patients managed with midazolam also have less serious adverse events or death. The secondary objective of this study is to analyze atrial fibrillation/cardiac arrhythmia risk with midazolam and other drugs.

RESULTS:-

Three hundred thirty three patients were analyzed on randomized basis trial. One hundred sixty five patients receive midazolam and one hundred sixty eight receive morphine all randomized patients received the assigned drug and there were no losses to follow up. An adverse event in the midazolam versus morphine was 0.42 (95%CI, 0.14-1.3). in the group without adverse cardiac events. The RR risk was 0.46(95% CI, 0.21-1).

CONCLUSIONS:-

In this analysis/ trial suggests that used of midazolam is beneficial in acute pulmonary edema patients and with less adverse cardiac events in comparison to other drugs like morphine. In this clinical analysis we calculated the relative risk of serious cardiac adverse events in acute pulmonary edema patients. It has been evaluated that reduced risk of serious cardiac adverse events in the midazolam in compared to other drugs like morphine.

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