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Option (C), Transfer To The Intensive Care Unit, Is Incorrect Because This Step Would Be

Performed After Cardiac Catheterization. Option (D), Transfer To The Operating Room, Is Incorrect Because This Would Not Be Appropriate Unless Traumatic Rupture Of The Coronary Artery Were To Occur During The Cardiac Catheterization Procedure. Question #3 Mar 8th, 2024.

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MDa, Sheeraz A. Qureshi, MD, MBAa,* A Department Of Orthopaedic Surgery, The Mount Sinai Medical Center, 5 East 98th Street, 9th Floor, New York, NY 10029, USA
B Department Of Pathology, The Mount Sinai Medical Cente Feb 5th, 2024Thoracic And Cardiovascular SurgeryEditorials 1549 Coronary Sinus Retroperfusion: Can Forward Progress Still Be Achieved By Using A Backward Technique? } H. L. Lazar 1553 At The Epicenter Of Severe Acute Respiratory Syndrome S. Wan And A. P. C. Yim General Thoracic Surgery May 7th, 2024.
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Adherent To Chest Wall. Large Amount Of Air Was Found Leaking From A Bronchopleural Fistula Formed Through The Ruptured Lung (Figure 3). Rest Of The Upper Lobe Was Densely Consolidated. Left Upper Lobectomy Was Performed. Chest Drain Was Apr 7th, 2024.

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