Intra-Abdominal Infection

From HumanResearchWiki

Contents

- 1 Introduction
- 2 Clinical Priority and Clinical Priority Rationale by Design Reference Mission
- 3 Initial Treatment Steps During Space Flight
- 4 Capabilities Needed for Diagnosis
- 5 Capabilities Needed for Treatment
- 6 Associated Gap Reports
- 7 Other Pertinent Documents
- 8 List of Acronyms
- 9 References
- 10 Last Update

Introduction

The abdomen is the middle portion of the human body bound by the diaphragm above and the pelvis below. It encloses the stomach, small and large intestines, liver, pancreas, gall bladder, and spleen. The kidneys, urine collecting system and the adrenal glands are located next to the posterior wall of the abdomen. The term intra-abdominal infection is a broad term describing any bacterial, viral, fungal, or parasitic disease process situated within the abdominal cavity resulting in signs and symptoms such as fever, pain, nausea, vomiting, or diarrhea. Infection within the abdominal cavity or just outside the posterior wall in the kidney, etc, may influence or mimic symptoms, diagnosis and treatment as it relates to all the adjacent organs. While a patient is typically symptomatic, it is important to note that an infection may be sub-clinical. The pathway for definitive treatment will vary based upon the underlying cause (i.e., infectious organism), location, and severity of the infection.

Clinical Priority and Clinical Priority Rationale by Design Reference Mission

One of the inherent properties of space flight is a limitation in available mass, power, and volume within the space craft. These limitations mandate prioritization of what medical equipment and consumables are manifested for the flight, and which medical conditions would be addressed. Therefore, clinical priorities have been assigned to describe which medical conditions will be allocated resources for diagnosis and treatment. “Shall” conditions are those for which diagnostic and treatment capability must be provided, due to a high likelihood of their occurrence and severe consequence if the condition were to occur and no treatment was available. “Should” conditions are those for which diagnostic and treatment capability should be provided if mass/power/volume limitations allow. Conditions were designated as “Not Addressed” if no specific diagnostic and/or treatment capability are expected to be manifested, either due to a very low likelihood of occurrence or other limitations (for example, in medical training, hardware, or consumables) that would preclude treatment. Design Reference Missions (DRMs) are proposed future missions designated by a set of assumptions that encompass parameters such as destination, length of mission, number of crewmembers, number of Extravehicular Activities (EVAs), and anticipated level of

<table>
<thead>
<tr>
<th>Design Reference Mission</th>
<th>Clinical Priority</th>
<th>Clinical Priority Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lunar sortie mission</td>
<td>Shall</td>
<td>An untreated intra-abdominal infection occurring during a lunar sortie mission may lead to peritonitis, sepsis, and possibly loss of crew life. Therefore, treatment capability shall be manifested.</td>
</tr>
<tr>
<td>Assumptions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 4 crewmembers (3 males, 1 female)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 14 days total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 4 EVAs/crewmember</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Level of Care 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunar outpost mission</td>
<td>Shall</td>
<td>An untreated intra-abdominal infection occurring during a lunar outpost mission may lead to peritonitis, sepsis, and possibly loss of crew life. Therefore, treatment capability shall be manifested.</td>
</tr>
<tr>
<td>Assumptions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 4 crewmembers (3 males, 1 female)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 180 days total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 90 EVAs/crewmember</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Level of Care 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Near-Earth Asteroid (NEA) mission</td>
<td>Shall</td>
<td>An untreated intra-abdominal infection occurring during a NEA mission may lead to peritonitis, sepsis, and possibly loss of crew life. Therefore, treatment capability shall be manifested.</td>
</tr>
<tr>
<td>Assumptions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 3 crewmembers (2 males, 1 female)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 395 days total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 30 EVAs/crewmember</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Level of Care 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Initial Treatment Steps During Space Flight**

A link is provided to a prior version of the International Space Station (ISS) Medical Checklist, which outlines the initial diagnostic and treatment steps recommended during space flight for various conditions which may be encountered onboard the ISS. Further diagnostic and treatment procedures beyond the initial steps outlined in the Medical Checklist are then recommended by the ground-based Flight Surgeon, depending on the clinical scenario.
Please note that this version does not represent current diagnostic or treatment capabilities available on the ISS. While more recent versions of this document are not accessible to the general public, the provided version of the checklist can still provide a general sense of how medical conditions are handled in the space flight environment. Medical Checklists will be developed for exploration missions at a later point in time.

Please note this file is over 20 megabytes (MB) in size, and may take a few minutes to fully download.

ISS Medical Checklist (http://www.nasa.gov/centers/johnson/pdf/163533main_ISS_Med_CL.pdf)

Capabilities Needed for Diagnosis

The following is a hypothetical list of capabilities that would be helpful in diagnosis. It does not necessarily represent the current capabilities available onboard current spacecraft or on the ISS, and may include capabilities that are not yet feasible in the space flight environment.

- Vital signs measurement capability (blood pressure, pulse, respiratory rate, temperature, pulse oximetry, as required per the patient's clinical state)
- Auscultation device (such as a stethoscope)
- Clinical laboratory to include Blood analysis and identification of organisms and drug susceptibility
- Imaging [such as ultrasound, X-ray, Computed Tomography (CT) Scan or Magnetic Resonance Imaging (MRI)]

Capabilities Needed for Treatment

The following is a hypothetical list of capabilities that would be helpful in treatment. It does not necessarily represent the current capabilities available onboard current spacecraft or on the ISS, and may include capabilities that are not yet feasible in the space flight environment.

- Crew medical restraint system
- Intravascular volume replacement [such as intravenous (IV) fluids and blood products]
- IV pump or pressure infuser
- Gastric tubing and suction
- Pharmacy to include analgesics (non-narcotic, narcotic, oral or injectable), antibiotics [oral, intravenous (IV)], antiemetics
- Surgical capability and supplies

Associated Gap Reports
The NASA Human Research Program (HRP) identifies gaps in knowledge about the health risks associated with human space travel and the ability to mitigate such risks. The overall objective is to identify gaps critical to human space missions and close them through research and development. The gap reports that are applicable to this medical condition are listed below. A link to all of the HRP gaps can be found here (http://humanresearchroadmap.nasa.gov/Gaps/).

1.01 - We do not know which emerging technologies are suitable for preflight medical screening for exploration missions.
2.01 - We do not know the quantified health and mission outcomes due to medical events during exploration missions.
2.02 - We do not know how the inclusion of a physician crew medical officer quantitatively impacts clinical outcomes during exploration missions.
3.01 - We do not know the optimal training methods for in-flight medical conditions identified on the Exploration Medical Condition List taking into account the crew medical officer’s clinical background. (Closed)
3.03 - We do not know which emerging technologies are suitable for in-flight screening, diagnosis, and treatment during exploration missions.
4.01 - We do not have the capability to provide a guided medical procedure system that integrates with the medical system during exploration missions.
4.02 - We do not have the capability to provide non-invasive medical imaging during exploration missions.
4.05 - We do not have the capability to measure laboratory analytes in a minimally invasive manner during exploration missions.
4.12 - We do not have the capability to generate and utilize sterile intravenous fluid from potable water during exploration missions.
4.14 - We do not have the capability to track medical inventory in a manner that integrates securely with the medical system during exploration missions.
4.15 - Lack of medication usage tracking system that includes automatic time stamping and crew identification
4.17 - We do not have the capability to package medications to preserve stability and shelf-life during exploration missions.
4.19 - We do not have the capability to monitor physiological parameters in a minimally invasive manner during exploration missions.
4.23 - We do not have the capability to auscultate, transmit, and record body sounds during exploration missions.
4.24 - Lack of knowledge regarding the treatment of conditions on the Space Medicine Exploration Medical Condition List in remote, resource poor environments (Closed)
5.01 - We do not have the capability to comprehensively manage medical data during exploration missions.

Other Pertinent Documents

List of Acronyms

<table>
<thead>
<tr>
<th>B</th>
<th>Benzalkonium antiseptic</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Computed Tomography</td>
</tr>
<tr>
<td>D</td>
<td>Design Reference Mission</td>
</tr>
</tbody>
</table>

Exploration Medical Condition List

<table>
<thead>
<tr>
<th>EMCL</th>
<th>Exploration Medical Condition List</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVA</td>
<td>Extravehicular Activity</td>
</tr>
</tbody>
</table>

HRP Human Research Program

ISS International Space Station

IV Intravenous

MB Megabyte

MRI Magnetic Resonance Imaging

NASA National Aeronautics and Space Administration

NEA Near Earth Asteroid

X X-ray Radiograph

References

Last Update

This topic was last updated on 8/12/2014 (Version 2).


Category: Medical Conditions

- This page was last modified on 12 August 2014, at 15:41.