

There are times that patients with severe injuries and intubated under ICU care who are very sick, with multiple lab dearrangement, under three antibiotics, with WBC (Neu rise) count on the rise (with no sign of stop or leveled off) and the relatives are pushing about his condition, like why isn't he improving and so on and so forth!.

So, the main idea is to offer the patient the best care you and your colleges can provide for him/her. But, when you are out of resources, what can you do?.For example, no blood culture available. Me, I feel with my hands tied, anxious, because why the patient is going to pass on ground of uncontrollable (bacterial)infection that ultimately leads to systemic organ failure.

In selected cases I had tried this idea, -since patients had died out of the mentioned issues-, as last minute and heroic resource, I have influx through the foley's catheter diluted povidone and presto, many patient, so far all under my count, has remarkable improved and also the antibiotics wean from the patient very soon afterwards.

Is like a quimiotherapy for bacterial infectious disease, but this create sort of a ethical dilemma, I want to share this with the community, since many can save life using this step.

I'm not encouraging this, I'm only stating that there is one further step to use in dyeing patients,-if you are out of resources-.

I'm opening this step to an open discussion maybe here it won't gain any traction but at least I'm sharing it!