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patients who develop signs or symptoms of serious pregnancy related complications and conditions may seek emergency care in nonobstetric settings including ems 911 hospital based emergency departments standalone emergency rooms or urgent care facilities every pregnant woman faces the risk of unforeseeable complications that can harm her or her unborn baby these women represent a vulnerable section of our population where early childbearing age poor nutrition limited access to healthcare education and sanitation pose threats to pregnant women people with parkinson s disease may develop acute and subacute complications that are serious or even life threatening and require prompt medical attention 1 some emergencies are intrinsic to the disease while others result from an interaction of various medical and surgical treatments with the disease process most oncologic emergencies can be classified as metabolic hematologic structural or treatment related tumor lysis syndrome is a metabolic emergency that presents as severe electrolyte a hypertensive crisis is a drastic increase in blood pressure systolic 180 mm hg and or diastolic 110 mm hg severe cases of hypertensive crisis can become fatal if not immediately addressed hypertensive urgency and hypertensive emergency are the 2 types of hypertensive crises most patients with significantly elevated blood pressure systolic pressure 180 mmhg and or diastolic pressure 120 mmhg have no acute end organ injury so called severe asymptomatic hypertension common early complications include leakage and skin irritations high output resulting in fluid and electrolyte imbalances or stoma necrosis late complications include parastomal hernia stoma prolapse and stoma stenosis 7 these can develop as a result of surgical or patient related factors table hypertensive emergencies encompass a spectrum of clinical presentations in which uncontrolled blood pressures bps lead to progressive or impending end organ dysfunction in these conditions pooled analysis demonstrates that the prevalence of hypertensive emergencies was 0 5 95 ci 0 40 0 70 in all patients presenting to ed and 35 9 95 ci 26 7 45 5 among patients presenting in ed with hypertensive crisis patients with malignancies are subject to developing a unique set of complications that require emergent evaluation and treatment with the increasing incidence of cancer in the general population and improved survival these emergencies will be more frequently encountered hypertensive emergencies represent a heterogenous group of disorders characterized by 1 acute severe blood pressure bp elevation often 180 120 mmhg 2 acute hypertension mediated organ damage and 3 the need for a prompt but contextual system specific lowering of the bp to avert catastrophic outcomes 4 emergent and urgent complications associated with targeted therapeutics including small molecules naked and drug conjugated monoclonal antibodies as well as immune checkpoint inhibitors and chimeric antigen receptor t cells are summarized emergent and urgent complications associated with targeted therapeutics including small molecules naked and drug conjugated monoclonal antibodies as well as immune checkpoint inhibitors and chimeric antigen receptor t cells are summarized finally strategies for facilitating same day direct admission to hospice from the ed are discussed to probe into the main oncological emergencies and their management in increasingly overcrowded emergency departments we analyzed the following acute pathologies neurological emergencies metabolic and endocrinological emergencies vascular emergencies malignant effusions neutropenic fever and anemia discussion conclusions if untreated an emergency can develop if the pregnancy ruptures having an ectopic pregnancy does not mean you cannot become pregnant again and eventually deliver a healthy full term baby it is important to note though that having had an ectopic pregnancy

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