

Propositions

Belonging to the thesis

Urine output based fluid management in the critically ill: assessing hypovolemia and preventing hypervolemia

1. Independent of fluid responsiveness, a positive fluid balance will lead to pulmonary edema proportional to the amount in excess fluid. *(this thesis)*
2. Goal-directed therapy and a restrictive fluid management strategy reduce acute kidney injury and mortality in critically ill. *(this thesis)*
3. Using urine output as a treatment target in fluid protocols does not prevent acute kidney injury. *(this thesis)*
4. Neutrophil gelatin-associated lipocalin can be used in oliguric patients to predict acute kidney injury. *(this thesis)*
5. The renal response to a fluid bolus is not related to the cardiac response and does not influence the occurrence of acute kidney injury in oliguric critically ill patients. *(this thesis)*
6. Negative and positive fluid balances in critically ill patients are associated with higher mortality rates when compared with a neutral fluid balance. *(Crit Care Med 2017; 5: e749-e757)*
7. All substances are poisons; there is none which is not a poison. The right dose differentiates a poison and a remedy. *(Paracelsus)*
8. Doing science is voluntary, but not optional | Het doen van wetenschap is vrijwillig, maar niet vrijblijvend. *(A.B. Johan Groeneveld)*.
9. At the age of three years, we intuitively know that to answer questions you need to collect data, even if it causes us pain. *(Andy Field, Discovering Statistics Using IBM SPSS Statistics)*
10. Without the aid of statistics nothing like real medicine is possible. *(Pierre Charles Alexandre Louis)*
11. When concerned, do as little as possible so as not to aggravate the situation.