## ICU

## **MANAGEMENT & PRACTICE**

**INTENSIVE CARE - EMERGENCY MEDICINE - ANAESTHESIOLOGY** 

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## THE NIGHT IN THE ICU

hey say that in the world of the intensive care unit (ICU), there is no night. It can be qualified as a lesser day, but not really as a night. The hustle and bustle may be slower, patient flow and activity may be less, conversations may be negligible, and the staff on duty may be limited, but patient care continues, alarms are in place, and the usual "rhythm" of intensive care remains. You can still hear the beeping of medical equipment and see light emit through flashing monitors.

Nights in the ICU may not always be that eventful, but for the staff on duty, the expectation and alertness that is required remain the same as it would during the day. It is impossible to know, in the ICU, when things might change, and when a seemingly quiet night dramatically transforms into blaring alarms, footsteps of nurses rushing to the patient, and a frantic search for a senior doctor because of a life-threatening emergency. This can happen. Emergencies can strike critically ill patients any time, and that is probably what makes the Night in the ICU so daunting. Fear and anxiety are felt most during the night. The world sleeps but the Intensive Care Unit doesn't.

Our cover story, **The Night in the ICU**, explores what happens when night falls in the intensive care unit. What do physicians, nurses and patients feel, and how do they handle the anxiety, the fear and the challenges in the ICU at night?

Clara Similowski, Virginie Souppart, Nancy Kentish-Barnes and Elie Azoulay talk about the Night Falls in the ICU and the changing realities for patients, families and the ICU team. Andrea Meli, Silvia Coppola and Davide Chiumello provide an overview of the multiple characteristics of life overnight in a critical care ward.

Elif Özcan and Diederik Gommers outline design strategies to improve alarm management in the ICU while Roberta Roepke and Otavio Ranzani review the challenges and considerations of the decision making processes during night shifts in the ICU.

Julie Darbyshire and Paul Greig discuss the impact of sleep deprivation and fatigue on patients and staff in the ICU while Joanna Poole explores nocturnal activity in the ICU and the impact of night work on healthcare professionals.

Karoline Schoknecht and Iris Meyenburg-Altwarg present a nursing perspective and discuss the tasks and the stress and strains during night duty in the ICU. Tamera Sanchez-Sedekum and Toufic Khairallah propose strategies to help engage the night shift and enhance job satisfaction, commitment and retention of staff.

Our contributors also touch upon the COVID-19 pandemic as it continues to plague the world. I present an overview of the current situation in Europe and where we stand with COVID-19 while Fernando Zampieri highlights the importance of keeping best practices in critical care during COVID-19. Ahmed Ezzat and Francesca Rubulotta question whether COVID-19 is a black swan that the world will eventually accept and adjust to with time.

The world of intensive care is very different from the rest of the hospital. The night in the ICU can be tough for patients, ICU staff and families. The stress, the anxiety, the fatigue, the confusion, the complex decisionmaking, the sleep deprivation, exhaustion, depression, errors, burnout .. all and much more are routine during a night shift in intensive care. Our contributors have presented an overview of the challenges and have also outlined strategies to better manage and cope with these challenges.

As always, if you would like to get in touch, please email JLVincent@icu-management.org.

Jean-Louis Vincent

Jean-Louis Vincent

Editor-in-Chief ICU Management & Practice

Professor Department of Intensive Care Erasme Hospital / Free University of Brussels Brussels, Belgium

JLVincent@icu-management.org

<mark>∭@ICU\_Management</mark>

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