
ICU Volume 11 - Issue 3 - Autumn 2011 - Editorial

After ICU

One of the most positive components of our roles in intensive care is that on any given day we are privy to real-life dramas wherein patients, who often enter our units with low scores and little hope of survival; endure, fight, recover and ultimately move to the wards or leave hospital. These stories are inspiring, and rewarding, and they remind us why we have chosen the field of critical care medicine.

The dark side, however, comes after our heroic patients leave the shelter of the ICU and the hospital, and attempt to return to work and rebuild their lives. Up until recently, few studies and little data was available on these patients' long-term outcomes and quality of life. Over the past decade, a number of initiatives have been set up by colleagues eager to fill this crack in the chain of care and consequently more emphasis has been placed on pushing beyond the starting point of post-ICU mortality rates onto functional status and quality of life (QOL) measurements. Additionally, further focus and scrutiny is being placed on the use and duration of interventions, namely ventilation and sedation, as well as early mobility protocols and their impact on the long-term outcome of patients.

In this issue of ICU Management, Dr. Bara Ricou and her team in Geneva provide us with an outlook of patients after they are discharged from intensive care. They describe both physical and non-physical impairments that patients suffer, and often fail to report and suggest early strategies that can be followed to lessen these long-term impacts. Many of us may have heard of, or even considered implementing a "diary programme" in our own units, based on recent studies showing favourable long-term outcomes in patients who have participated. Dr. Christina Jones and Carl Bäckman, CCRN share their wealth of experience from running diary programmes in the UK and Sweden. They offer a point-by-point checklist on what is needed to implement programme within your unit, and share details of their own multi-centre study.

Finally, we take a look at two initiatives out of the UK that are set on improving long-term outcomes for patients leaving the ICU: The ICON study and the iCanuk aftercare programme.

In the "Advances in Mechanical Ventilation" section we focus on non-invasive ventilation utilising the helmet. Dr. Massimo Antonelli and his more than capable team outline the characteristics, advantages and disadvantages of, as well as the physiologic aspects of NIV delivered by the helmet.

Change management is a concept which has bounced around our field in recent years. Dr. Gordon Doig and his esteemed colleague from Sydney, Australia tackle it again in a very practical manner in their feature entitled "A Change Management Perspective on a Novel Meta-Analysis: Early Enteral Nutrition in Trauma Patients".

If you are hoping to bone up on or perhaps simply re-acquaint yourself with antibiotic pharmacokinetics, Drs. Pereira and Povoá provide a masterclass on the topic, flush with advice on whether we can use pharmacokinetics to guide antibiotic therapy.

Rounding out our features is a look at the long-term outcomes of patients following abdominal compartment syndrome, provided by experts Dr. Michael Cheatham and Kare Safcsak, RN. They highlight recent data that proves that, indeed, earlier recognition and appropriate intervention in patients at risk for IAH/ACS significantly increases patient survival, improves long-term functional outcome, and reduces hospital resource utilisation.

Recent tragedies at concerts in the US and here in Belgium remind us that no city or community in any country is immune from the dangers (be they weather or crowd-induced) that accompany public events. In our management section, we focus on preparation for such events with a look at an innovative template, which has been utilised and adapted to estimate healthcare resources for any given event.

In our country focus on Ireland, Director Damien McCallion delivers a detailed report of the state and overall outlook of healthcare while Drs. O'Brien and Phelan team up for a surprisingly positive description of intensive care medicine. Despite the existence of two healthcare systems on the island of Ireland, the authors depict an enviable unity of purpose within the critical care community (both north and south), which has paved the way for collaborative efforts in continuing education, research, training systems and examinations.

ESICM President Jean-Daniel Chiche likens our roles in the ICU to those of F1 race car drivers in our Viewpoints section. In highlights taken from his interview with Managing Editor Sherry Scharff, he also details the inspiration behind the LIFE campaign and under-scores the importance of connecting with our patients; not only within the walls of the ICU but also beyond them.

It is generally accepted that many survivors of critical illness will continue to suffer physical, psychiatric and overall quality of life impairments long after they are discharged from intensive care. As practitioners, our responsibility to these patients begins at their arrival in our units and carries on long after their discharge. Adapting interventions and identifying patients who are at a heightened risk of developing long-term complications are key management strategies in our goal of improving long-term quality of life outcomes for our most vulnerable patients.

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