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### Mobility in Care

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Critical care has traditionally been administered through intensive care units and emergency departments attached to a hospital. In this setting, intensivists, nurses and other medical specialists work together, side by side, to treat the critically ill. But medical emergencies may happen anywhere, at any time.

In today's fast-paced world, patients and doctors alike find themselves travelling more and more. Indeed, even as I write this editorial, I am abroad, travelling on business. Work, family, holiday, war – any number of forces drive us far from home and far from the medical facilities that respond to emergency medical situations. Thus, a critical care specialist may leave his hospital short one pair of hands when disaster strikes during his holiday abroad. Likewise, a patient may suffer a life-threatening emergency miles from the nearest medical facility.

Nevertheless, our duty remains to ensure that patients who may benefit from critical care receive the best medical attention possible. For this reason, as technology allows society to travel faster, further and to more exotic locations, we as critical care specialists must explore new technologies and procedures that allow us to provide critical care in a variety of settings, on the move and across great distances.

In recognition of these modern challenges, this issue of **ICU Management** explores mobility in care. Drs. Halpern, Fuerstenberg, Bridges, Dulchavsky and colleagues offer unique perspectives on some of the mobility challenges that critical care is experiencing today. In his article, Dr. Halpern examines the application of wireless technology in the intensive care unit, increasing patient and device mobility within the hospital and creating opportunities for remote care. Drs. Fuerstenberg and Beilman discuss recent developments in the United States military's ability to provide front-line critical care during the wars in Iraq and Afghanistan. Then, Dr. Bridges and colleagues describe the effects of flight on the provision of critical care services. Finally, Dr. Dulchavsky and colleagues describe the training programs, remote diagnostic capabilities and medical technologies that are helping improve critical care in a most exotic travel destination indeed – aboard the International Space Station. Each article offers a unique perspective on our ability to bring care to critically ill patients, wherever they may be in today's on-the-go world.

The world is now faster and more dynamic than ever, and we must learn to adapt critical care services to today's mobile society. The technologies and procedures discussed in this issue may help inspire us to provide fast, effective medical attention to critical care patients within our own hospitals, in danger zones and even thousands of miles away. Advances in technology will undoubtedly continue to present new mobility challenges and new solutions to critical care, and we must stay alert to new technological developments that help us respond to emergencies wherever they may arise.

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