

The Post - ICU Patient

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The Post-ICU Patient

Numerous patients are admitted to the Intensive Care Unit (ICU) every year. Many of these critically ill patients receive multiple interventions to treat and manage acute conditions and prevent further deterioration. However, these treatments can often affect a patient's mind and body. That is why many ICU survivors, as they transition out of the ICU, do not have the same abilities as they did before their critical illness. This worsening impairment of a patient's physical, mental or cognitive domain is referred to as the Post-Intensive Care Syndrome (PICS).

Studies show that these impairments can last for as long as five to 15 years after discharge from the ICU. A large number of ICU survivors are unable to get back to their normal routine – many can't go back to work, and those who do cannot perform the same type of jobs. Some cannot conduct daily activities without help, and others suffer from anxiety, depression, mobility issues, and chronic pain. Thus, it is important to understand that critical illness and its treatment in the ICU is only one part of a patient's journey. Management of critically ill patients requires attention not only at the time of admission and hospitalisation, but from the earliest signs of illness to their recovery.

In this issue, our contributors talk about the **Post-ICU Patient** and highlight the importance of closely monitoring patients after they leave the ICU and helping them overcome the challenges they might face after discharge.

Beatriz Lobo-Valbuena, Rosario Molina and Federico Gordo summarise the current management strategies of Post Intensive Care Syndrome (PICS) and Post-Intensive Care Syndrome - Family (PICS-F) and highlight the importance of continuum assessment and support throughout critical disease. Stephen Schaller and co-authors discuss the challenges ICU survivors and their caregivers face in the long-run and propose a patient-centred transition management and well-coordinated post-ICU care.

Jenna Obeid, Carol Hodgson and Emma Ridley summarise the current nutrition evidence in the recovery phase that follows critical illness, while Karen Choong outlines the prevalence, risk factors and management of the post-intensive care syndrome in paediatrics.

Francesco Forfori and co-authors emphasise that intensivists need to be aware of the long-term sequelae of critical illness and must implement changes that would ensure improvement in the quality of life of ICU survivors and their families.

Frederic Michard and Ashish Khanna propose continuous and mobile monitoring in hospital wards to detect clinical deterioration at an early stage and to prevent serious events and minimise risk of ICU readmission while Miguel Martinez-Camacho and co-authors discuss strategies to reduce the incidence of post-ICU complications.

Haifa Algethamy reviews long-term outcomes post-OHCA, while Amy Freeman-Sanderson and co-authors discuss the role of Allied health professionals and how they can help improve patient outcomes by positively contributing to the rehabilitation pathway.

Our contributors also discuss the COVID-19 pandemic. Eileen Kelly and co-authors talk about the impact of prolonged intubation and tracheostomy in COVID-19 survivors and the importance of evaluating laryngeal dysfunction to promote post-COVID-19 recovery. Bruno Tomazini and Luciano Azevedo talk about the use of corticosteroids for COVID-19. Laura Hawryluck and Rebecca Repa discuss innovations in ICU surge capacity, while Chan Yeow provides a historical review of home mechanical ventilation and the need for intensivists to participate in home ventilation teams.

Critical care patients face significant physical and psychological challenges that go beyond hospitalisation. It is important for critical care providers to consider the long-term impact of the ICU experience and to implement strategies that not only treat the acute condition but also make the process of recovery after ICU easier and faster.

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