Lecture 1

Recognition and management of critical ill patients

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- Critical ill patient: are those who are at risk for actual or potential life threatening health problem or unstable patients

- intensive care unit Icu are designed to meet the special need of acutely and critically ill patients

ICU admission criteria:

To optimize ICU resources and improve outcomes, ICU admission should be guided on the basis of a combination of factors:

*prioritization according to the patient's severity of illness

*specific patient needs such as life supportive therapies

*diagnosis

*prognosis

*potential benefit from interventions

*objective parameters at the time of referral

*bed availability

- In evaluating the appropriateness of Icu admission, the priority should be based on the needs of the patient and the likelihood of benefitting from admission.

- This prioritization defines those who will benefit most from icu (priority 1) to those who will not benefit at all (priority 3)

Priority 1

Criticall ill patient ;unstable

Require life support for organ failure include:invasive ventilation ,CRRT.

High likelihood of benefit.

Ex :patient with sepsis

patient RTA with head truma

Priority 2

Criticall ill ,relative stable ….ex:post operative patient after major surgery

If early management fails to prevent deterioration.

Ex: asthmatic patient with respiratory insufficiency on intermittent non invasive ventilation

Priority 3:

Terminally ill patient with no possibility of recovery that may benefit from palliative care rather than intensive care

Ex :metastatic cancer un responsive to chemotherapy and/ or radiotherapy.

Management of critically ill patient:

Complete monitoring

Respiratory care

Cardiovascular care

Gastro intestinal and Nutritional care

communication and Reassurance of patient and his family

Venous thrombosis prophylaxis

Infection control and skin care

General hygiene and mouth care

Fluid ,electrolyte and glucose balance

Bladder care

Dressing and wound care

Neuromuscular care

We start with….

Assessment of patient and clinical examination:

A B C D E

A: airway

B: breathing

C: circulation

D: disability

E: exposure

Respiratory care

Patient may have: airway obstruction

poor secretion clearance

atelectasis (lung collapse)

So need care for ET tube ; frequent secretion removal;bronchiodilator and chest physiotherapy

Cardiovascular care :

- Prolong patient immobility impair autonomic vasomotor response to sitting and standing causing postural hypotension so tilt patient’s bed may be beneficial prior to mobilization

- DVT prophylaxis either socket or anticoagulant drugs to prevent deep venous thrombosis and pulmonary embolism

Gastro intestinal care and nutritional care:

- Immobility is associated with gastric stasis and constipation so gastric stimulant and laxatives are essential
- Patient position in bed is 30 degree head up to reduce risk of gastroesophageal reflex that lead to aspiration pneumonia
- Stress ulcer prophylaxis like omeprazole vial

Neuromuscular care:

Immobility and use of sedation promotes atrophy of muscles and joints contractures so physiotherapy is very important

Patient comfort and family communication:

- Site of surgery if present , intravenous line ,urinary catheter , ventilator alarm ,loud sound , in appropriate light …..all these factors cause patient discomfort

Infection control :

Hand wash is vital to prevent transmission of organism between patients

Sterile techniques (gloves ,mask ,gown ,sterile filed)is essential for all invasive procedure like central line insertion

Cleaning of the bed after patient discharge and before new patient admission to prevent transmission of infection

Skin care ,general hygiene and mouth care:

Turn patient in the bed every 2 hours to prevent pressure ulcer and bed ulcer

Frequent diapers check

Daily mouth care to prevent fungal infection

Frequent checking of blood glucose and electrolyte and maintain them in a normal range lead to improve patient out come.

Bladder care :

- Urinary catheters cause painfull urethral ulcers and must be stabilized .
- Early catheter removal reduce urinary tract infections.

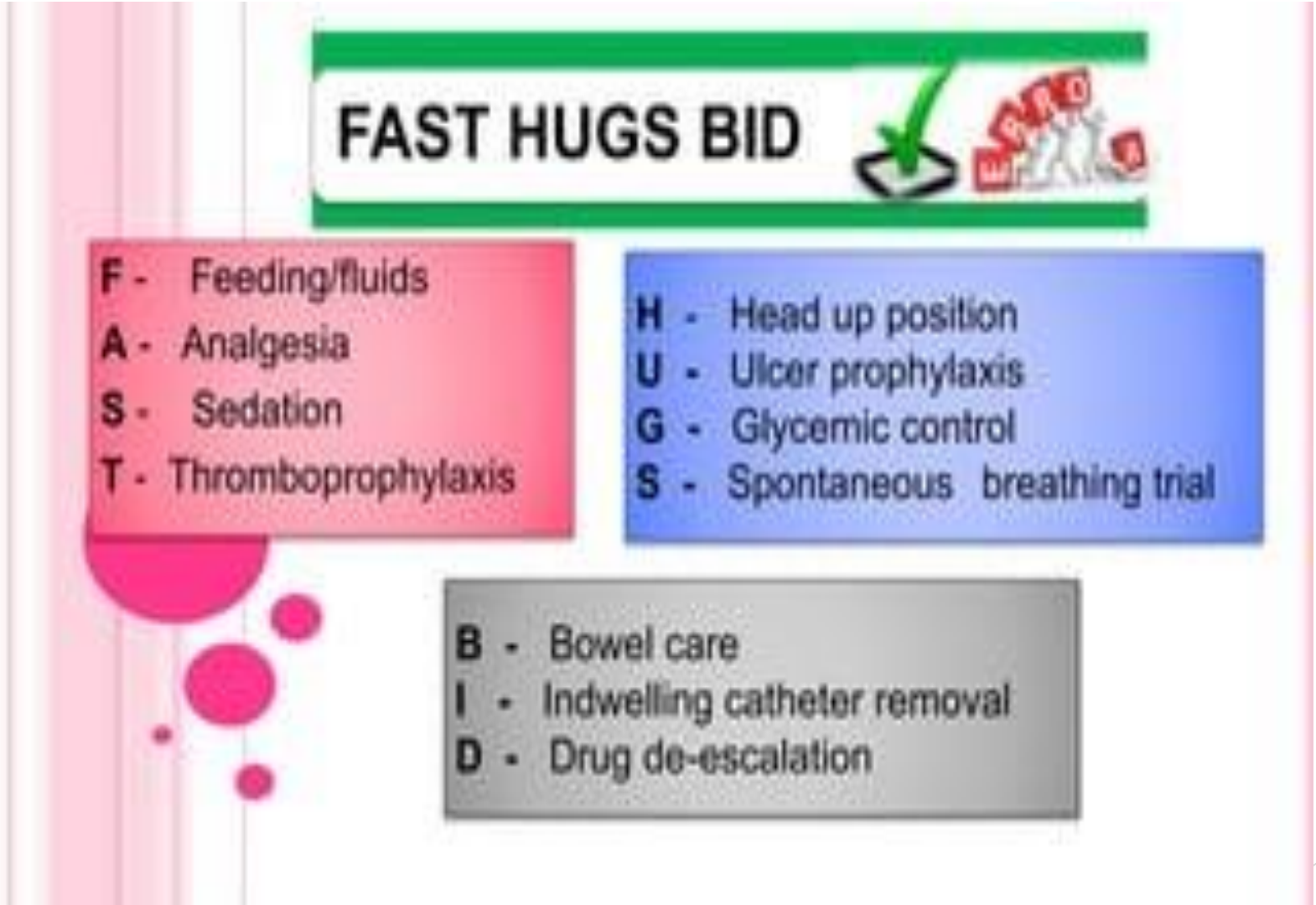
Dressing and wound care:

Replace wound dressing as necessary.

Change arterial and central venous catheter dressing every 48 to 72 hours or when become dirty.

Needs of families of critically ill patients

- ✓ Personal care about the patients.
- ✓ Waiting room near the patient.
- ✓ Called when changes in the patient occur
- ✓ Know the prognosis.
- ✓ Have questions answered honestly
- ✓ Be allowed to see the patient frequently.
- ✓ Written instructional guidelines to provide information about critical care


FAST HUGS BID
F - Feeding/fluids
A - Analgesia
S - Sedation
T - Thromboprophylaxis
H - Head up position
U - Ulcer prophylaxis
G - Glycemic control
S - Spontaneous breathing trial
B - Bowel care
I - Indwelling catheter removal
D - Drug de-escalation

Need of FAST HUGS BID principle:-



- Improves quality of patient care.
- Increases safety and efficacy of patient's care.
- Improves quality of care, helps not to forget general aspects of patients care.
- it encourages teamwork.





THANK YOU

ANY QUESTION???