

How to survive in a toxic work environment as a healthcare professional?

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Approaching INTENSIVE CARE

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Intensive Care is a fascinating field with diverse and complex challenges. These challenges include the identification of the pathophysiological disorder affecting each patient, the integrated care provided by individuals from different medical specialties, and the provision of social care to the critically ill or dying patient.

As a result of this complexity, ICU care must be guided by a rational, organized and person-centered approach.

Admission to the ICU is a potentially stressful experience for both patients and their relatives. Most people associate the ICU environment with a life-threatening situation combined with fear of the unknown.

What is an Intensive Care Unit?

Intensive Care Units (ICUs) are special departments in a hospital, designed to support patients whose lives are at risk.

The ICU is staffed by doctors with specialization in Intensive Care and nurses with special training. ICUs have high-tech machines that monitor and support patients' vital organs (ventilators, monitors, drug infusion pumps, hemodialysis machines, etc.)

When does a patient need the ICU?

Most patients admitted to the ICU have a serious problem in one or more of their vital organs.

A patient needs the Intensive Care Unit when:

He has undergone a serious long-term surgery and needs postoperative monitoring

His condition requires support and monitoring of the function of the heart and lungs (e.g. after an acute myocardial infarction, severe pneumonia, severe injury)

He suffers from a serious infection that has affected many organs (sepsis).

Are ICU patients sedated or conscious?

Not all patients need to be "asleep" in the ICU.

When a patient is intubated and on high support from ICU machines, they are sedated, meaning they are asleep with medication administered to them.

When a patient's condition allows us to awaken them, they gradually regain consciousness and begin to communicate with the environment.

Use of Evidence-Based Medicine:

Evidence-Based Medicine is defined as the conscientious, clear, and careful use of current best evidence in making decisions about the care of each patient.

By encouraging physicians to clearly explain their medical decisions and actions, including the evidence on which the decision is based, we can improve decision-making and patient care.

When is a patient discharged from the ICU?

In order for a patient to be discharged from the Intensive Care Unit, they must:

Not require mechanical support for their breathing
Their heart function must be stable, i.e. they must have normal blood pressure and no serious arrhythmias

Be feverless

The reason that led him to the ICU has disappeared (e.g. he has overcome the severe infection for which he required support)

On the treatment of death and the dying patient in the ICU:

Although survival and restoration of function are central goals in the provision of intensive care services to our patients, it is

nevertheless true that during their excessive and multisystemic treatment in the ICU, Some patients are identified who unfortunately do not respond and for whom the best approach is to change the goals from cure to relief and dignity of the end, respecting the limits of human nature.

Finally, we owe deep gratitude to all the ICU staff, Doctors, Nurses, Therapists, Technicians and Support Staff.

Only through their commitment to the spirit of teamwork can we offer the best possible care to our patients.