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Post-intensive care syndrome and preventive bundles

According to a medical report by The Centers for Disease Control and Prevention (CDC), millions of patients are usually admitted to ICU annually in which a third of this population require a ventilator for breathing purposes. They are critically ill and after leaving the ICU, most of them develop health complications related to their injury, illness, ventilator and other treatments. In most cases, such issues are hardly treated and continue after a patient leaves the health sector. Notably, sepsis, delirium, and respiratory distress syndrome may increase the chances of a person experiencing these health issues (Scruth, 2014). There has been an advancement of healthcare with a motive of improving outcomes for these patients as well as their recovery.

Post-Intensive Care Syndrome (PICS) refer to the disability likely to be encountered by survivors of critical illness. It includes psychological health, physical function, and impairment in cognition. Consequently, the health of the family members may deteriorate as well. According to Rawal et al., (2017), this health problem is usually regarded as PICS-Family (PICS-F). PICS-F refers to chronic psychological effects encountered by family members and its symptoms comprise of complicated grief, stress, depression, and anxiety. In other words, PICS may be defined as new cognitive, physical or mental health that arises from a critical illness previously subjected to an intensive care unit. According to statistic, 30 percent of family members experience PICS-F. Cognitive impairment is the dominant one and occurs in an aggregate of 25 percent of survivors. This problem is associated with complications such as hypotension, glucose dysregulation, acute brain dysfunction, severe sepsis, and hypoxia. On the other hand, chances of acquiring psychological disability range between 1-62 percent.

Management and prevention is a critical medical strategy that should be emphasized. Each and every patient to be admitted in ICU should first undergo a psychological evaluation. The evaluation comprises of medication history, preadmission history, environmental factors as well as their strength to tolerate stress. An ICU syndrome can be treated through the elimination of causative factors, proper administration of sedatives, reduction of environmental stress and family communication. The other interventions likely to mitigate PICS comprise of ICU diaries, avoiding hypoxemia & hypoglycemia, good nutrition status, follow up counseling and more so an adequate sleep. Post Traumatic Stress Disorder (PTSD), depression, and anxiety tend to be treated by combining non-pharmacological and pharmacological, behavioural, and psychological therapies.

Care "bundles" refer to a set of evidence-based practices that are usually implemented to improve patient outcomes and more so their reliability on delivery. The functions of care bundles are to reduce unauthorized antibiotic prescribing, infection prevention, and developing antibiotic resistance. There are multiple benefits realized from care bundles. In most cases, they enhance compliance to the quality of the evidence-based procedure. Also, they have been approved to create consistent and reliable care systems in a healthcare setting. This is perpetrated by their clear, simple and concise nature. Most importantly, performance measures and implementation stands out as very crucial. Care bundles are implemented through education, training, will-building, and feedback.

In relation to the PIC, ABCDE bundle has been considered as most effective. It is an effort usually coordinated by various disciplines in the management of patients at ICU. Its primary aim is to mitigate immobility, development of delirium, and over-sedation (Balas et al., 2013). The bundle entails A (awakening trials), B (spontaneous trials for breathing), C (Effort coordination), D (delirium assessment that is standardized), and E (early mobilization of patients). Seemingly, the bundles should also be utilized in the prevention or treatment of PIC-F.

Biography

Lorrie Blitch has an impressive and diverse career in nursing and as a business owner. She is owner of Magellan Christian Academies for the past 18 years in Phoenix, Arizona and Jacksonville, Florida. Her experience in nursing is impressive that encompasses critical care, trauma, cardiovascular intensive care, toxicology, administration and management, nursing professor, medical-legal nursing and field hospital nursing. She is a nurse educator for the Banner Health System in Phoenix, Arizona responsible for the education of multiple service lines.

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