

Chapter 6

Surgical Critical Care

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INTRODUCTION

Who are included the critically ill patients group?

Usually two main system need to descriptions for these patients

The occurrence of the requirement or are possibility to requiring respiratory supporting alone. (Jonathan Hudsmith BM FRCA & Jonathan Hudsmith, 2014). Such patients need to be cared for in an intensive care unit (ICU) which provides a 'service for patients with potentially recoverable conditions who can benefit from more dependency areas. (Jonathan Hudsmith BM FRCA & Jonathan Hudsmith,2004)

Unfortunately, on the other side these patients, who candidate to the ICU from the hospital in the ward, tend to have a higher mortality rate than those admitted in other detailed observation and invasive treatment than can safely be provided in general wards or high hospital areas, such as the accident and emergency department, even if they are still in the hard for several days. If early diagnosis can be cater for; This is to detect of patients with a critical disease or at risk may allow initiation of therapy before irreversabl negative disease process. In this strategy; Single or multiple organ dysfunction, can be prevent and the mortality or morbidity limiting. (Jonathan Hudsmith BM FRCA & Jonathan Hudsmith,2004) (Goldhill DR.et al., 1999)

What is this intensive care unit (ICU)?

Physiological stability is a special unit that can maintain 24-hour functionality within the hospital where all kinds of moniterization and treatment of patients with a high risk of life-threatening or high risk of deterioration can be performed. (Albuz Ö. ,2013)

Diagnosis of the critically ill patient

Patients often develop (and die from) critical diseases in predictable and reproducible models. For these reasons; Medical and nursing staffs should identify patients at risk early and carefully monitor their condition.

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Care of the ICU Patient's Family

An admission to ICU is worrying for the patient's family and there is a significant risk that the patient may die depending on the nature of the illness, physiological reserve and the response to treatment. It is important to be clear and honest with the family and avoid comforting them with possibly unrealistic hopes. On the other side, all dialogs should be as empathic and as compassionate as possible and be clearly documented and witnessed in the medical and nursing notes. A patient's chance of surviving a critical illness is greatly enhanced by prompt identification, rapid adequate treatment and the early involvement of the appropriate medical and nursing staff. Clearly prevention is always to be with first line and the early identification of those at risk together with close surveillance is crucial. (Jonathan Hudsmith BM FRCA & Jonathan Hudsmith, 2004)

Key points

1. Prompt and rapid diagnosis of critically ill patients is essential for a good outcome
2. Early warning scores' can help all staff to recognise/predict critical illness
3. Initial aims are the immediate treatment of life threatening problems
4. Not all critically ill patients will benefit from critical care services (especially those who are terminally ill or have little prospect of recovery)
(Goldhill DR. et al., 1999), (McQuillan P et al., 1998), (NHS, 1996)

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