

Passport to Successful ICU Discharge

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Editors

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 Springer

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This book is dedicated to all the multi-professional teams in Intensive Care caring for our patients and their families.

Foreword

2020 will be remembered as the year in which the world discovered how important the work of Intensive Care professionals truly is. The COVID-19 pandemic has been a stress test for most healthcare systems. On TV, newspapers and social media, there have been countless discussions concerning ICU resources. All too often, however, the focus has been on ventilators and beds. Any experienced ICU clinician knows what the most precious resource is: the multidisciplinary team, which pools its resources to provide the best chances of recovery to any critically ill patient. As an ICU doctor for the past 20 years and President Elect of the European Society of Intensive Care Medicine I am well aware that, while technology is important, the most important resources at the bedside are nurses and allied healthcare professionals. It is thanks to this multidisciplinary work that the journey from admission to recovery can succeed. “Passport to Successful ICU Discharge” was edited by Carole Boulanger and David McWilliams, who have been working at the bedside and spearheading research and education for nurses and allied healthcare professionals for several years. They have led a team of world-renowned colleagues in producing one of the most complete ICU books ever written for nurses and allied healthcare professionals. It is no surprise, then, that the book is full of up-to-date information that can be directly applied at the bedside.

The content is clearly structured, helping the reader to accompany ICU patients through the different steps of their critical illness. The chapters can be read independently and offer focused information on specific topics.

In terms of the ICU journey, the patient is the traveller. The book helps us to remember this key aspect. Every patient has his or her own history, background, family, friends, needs and preferences. The book also stresses the importance of physiological reserve and frailty. One of the main focuses of intensive care is on understanding how patients may react to ICU treatments. The goals of care are essential, and a holistic approach is needed for the entire duration of the ICU stay. Care has to be personalised and focused on the person in front of us.

The book explores all aspects of critical care. The chapter on mechanical ventilation reminds us of the important steps needed to support the respiratory function, while buying time for our patient. Ventilators are not a cure, but if used properly they can indeed buy precious time to recover; on the other hand, if used incorrectly, they can be harmful. Hospital-acquired infections are another potential source of

harm, making infection control and prevention cornerstones in the daily management of ICUs. Good compliance with hand washing and infection control standards is indicative of a culture of safety in the multidisciplinary team.

Importantly, the path to recovery starts from the first day in the ICU. Pursuing a very human approach to critical illness, the book constantly draws on concepts for organ support, as well as the support of the mind and the person. Recovering from an ICU stay can't simply mean surviving; it needs to be a recovery to a good and acceptable quality of life in which the promotion of independence is key to the healing process. The prevention and treatment of dysphagia, and planning and starting physiotherapy as early as possible, are major pillars of treatment. The book also explores many aspects that are normally neglected, such as the ICU environment and psychological aspects for the wellbeing of patients and their families. In the past, ICUs were often noisy areas with almost no daylight. The modern practice of keeping patients comfortable and awake, which is part of the recovery process, means that these aspects are essential to minimizing stress, and to creating an environment where the patient is given the best possible chances of recovery. In closing, a journey without memories is a story that cannot be told. ICU diaries, good patient and family communication can help patients and families to reduce the inevitable stress that intensive care can entail. I can warmly recommend this book to any ICU professional. As a doctor, I consider it an inspiring book that describes the expertise, goals and passion of the wonderful nurses and allied healthcare professional colleagues found at ICUs. It truly offers a passport to a successful discharge, as well as a travel guide for the multidisciplinary journey that working in Intensive Care represents for all of us.

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Preface

Dr. William Osler in 1892 wrote,

'it is much more important to know what sort of a patient has a disease than what sort of a disease a patient has'.

This very much still holds true today, with the increasing volume and acuity of patients entering the ICU with complex comorbidities. The increasingly technological management, coupled with limited resources, can trend towards completion of tasks given often rapidly changing priorities.

A passport is well recognised as one of the earliest known documents certifying the identity and key details of the bearer, primarily for the purposes of safe passage of travel and return home at the end of a journey. Whilst no patient or their family would choose an intensive care journey, the principles of safe passage do hold true in this context and the goal is always a safe return home. The concept of a 'passport' for a critically ill patient therefore comprises the key aspects of care and management to enable safe passage. Avoidance of complications and the early establishment of a relationship between the patient, their family and the multi-professional team can have a significant impact on how the ICU journey progresses. Person-centred care is at the heart of the intensive care journey and is valued among the intensive care community—how far it reaches into busy intensive care units is less easy to quantify.

Passport to successful ICU Discharge has been created to highlight key aspects of intensive care from admission through to discharge. Written by an expert multi-professional team of nurses and key therapists from across Europe, the ICU patient journey is presented through the lens of individual experts making up the critical care team. The intention is to signpost how focusing the spotlight on the patient as a whole can contribute to a successful return of patients to their previous lives and families. The authors present the latest evidence, emphasising the attention to detail necessary to avoid ICU-related complications, coupled with ensuring that care is person centred.

This is by no means an exhaustive text, but one which views the patient journey from the point of admission with the goal of returning the patient and family to their

previous lives. It is intended to be practical, informative and thought provoking to ensure we maximise the expertise of the multi-professional team in the patients' interests.

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To our families, colleagues and friends for their support—they know who they are—thank you.

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Carole Boulanger is a Consultant Nurse and Advanced Critical Care Practitioner at the Royal Devon and Exeter NHS Foundation Trust, UK. She is the recent Chair of the Nursing and AHP Committee for ESICM leading on developments of nursing and AHP activity for the society. This includes not only educational provision but also ensuring that nursing and AHP contributions continue to expand as part of the fabric of the society as this reflects the way we deliver care to our patients. Her primary focus is on high-quality care delivery across occupational boundaries and advanced clinical practice in the Critical Care setting.



David McWilliams is a Consultant Physiotherapist within critical care at the Queen Elizabeth Hospital, Birmingham, which has the largest single location critical care unit in Europe. He is the chair of the physiotherapy working group for the European Society of Intensive Care Medicine (ESICM). David was a member of the guideline development group for the NICE guideline 'Critical Illness Rehabilitation' and subsequent quality standard on the same topic. He has extensive experience of research into both early and post-ICU rehabilitation, with a number of publications in this area, and regularly presents both nationally and internationally on the subject.

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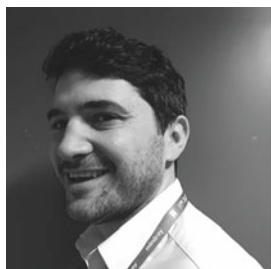
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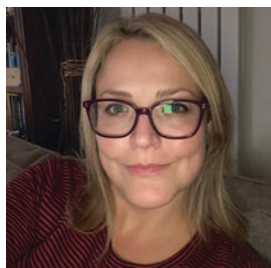
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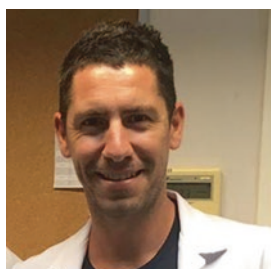


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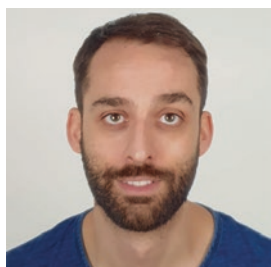
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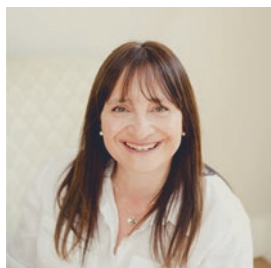
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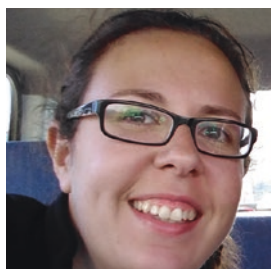
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