





Prevention of post-intensive care syndrome in the cardiac intensive care unit

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Post-intensive care syndrome (PICS) is a relatively new clinical entity that is recognized in patients after critical illness who are discharged from the intensive care unit. It is characterized by new or worsening changes in the individual's physical, cognitive and/or mental functioning. A wide range of symptoms and signs that can be manifested (from generalized muscle weakness and poor mobility, sleep disturbance, malnutrition, disturbances in attention, concentration and memory, all the way to anxiety, depression or symptoms of post-traumatic stress disorder - PTSD) constitute this syndrome often unrecognized.¹ With the increase in the number of survivors in contemporary cardiac intensive care units (CICU), due to evolution in cardiac and other critical care-based technologies (temporary mechanical circulatory support, therapeutic hypothermia, advanced respiratory support, renal replacement therapy etc.) it is assumed that the number of people with certain symptoms of PICS will also increase. The best way to prevent the occurrence of PICS is to prevent the occurrence of a critical illness, but since this is not possible in most cases, the need to implement PICS prevention measures in CICU is indicated. A review of the existing literature recommends the ABCDEF bundle of prevention measures, which will be explained in more detail, includes the following: Awakening and Breathing Coordination with daily sedative interruption and ventilator liberation practices, Delirium monitoring and management, Early ambulation and Family empowerment and engagement.¹ Considering the prevalence, duration and burden of PICS symptoms, its impact on the poorer quality of life of the individual and the family, and the associated mortality, the introduction of the preventive measures as part of daily practice in CICU certainly seems to be a reasonable and useful option.

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LITERATURE

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