

# UNDERSTANDING OF INTENSIVE CARE UNIT

*The intensive care is treatment regimen for the patients with life-threatening disease. Aim of intensive care is to ensure vital functions. Understanding of intensive care unit, all member of the intensive care (doctor, nurse, health technician) should be aware of responsibility to patient, the patient's family, their friends, their institute and society. In the modern intensive care units; device, equipment and compatibility must be perfect.  
Key words: Intensive care unit, personnel, device, patient*

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**I**ntensive care is a multidisciplinary care and treatment approach, for the patients with acute life-threatening disease or damage, or else whom expected to have potential similar damage or disease (1-10).

Patients needing intensive care, are monitored and treated in intensive care units with specially organised and trained staff (1-10).

## *Objective*

The objective of intensive care, in patients with organ dysfunction, is to provide vital functions, till the diagnosis and treatment of underlying pathophysiological mechanisms.

## *Intensive care indications*

- Intoxications,
- Life-threatening conditions after trauma,
- Post-operative life-threatening complications,
- Life-threatening complications due to severe methabolic diseases,
- Patients under monitoring with possible life-threatening complications

## *Staff equipments*

- Specialised staff
- Drugs
- Monitor
- Pulsoxymetrie
- Defibrillator
- Pacemaker
- Intubation tubes
- Mechanical ventilato

- Infusion pumps
- Hemodialysis equipments

### ***Specialists***

- Anesthesiologist
- Cardiologist
- Internal medicine specialist
- General surgeon
- Pediatricist
- Intensive care specialist (Sub-speciality for Internal Medicine and Pulmonary Diseases specialists)

### ***Why are intensive care units are special?***

- Experienced full-time specialists
- High nurse-patient ratio
- Invasive monitorization capabilities (Pulmonary-circulatory)
- Pulmonary and cardiovascular support with devices
- Easy access to drugs and intravenous fluids
- Easily accessible laboratory (e.g: Blood count, urea, creatinin, ECG, chest X-ray)

### ***Intensive care unit types***

- Conventional special intensive care units (general intensive care units, surgical intensive care units)
- Intensive care units for specific clinical syndromes (trauma, shock, burn, stroke units)
- Intensive care units for specific organ systems (coronary, neurological, pulmonary, gastrointestinal units)
- Intensive care units for specific age groups (neonatal, obstetric units)

### ***Costs in intensive care units***

Costs of intensive care units are very high because of high technological equipments and specific treatments. Despite high technology equipments mortality rates are still high.

### ***General objectives of intensive care unit staff***

- Saving lives of patients with possibilities
- Assuming death as both friend and

enemy

- “Do resuscitate” or “Do not resuscitate” marks should be written down on patient charts.

“Do” or “Do not” Cardiopulmonary resuscitation (CPR) decision can be made by patient’s physician, with its possible benefits (Do not attempt resuscitation-DNAR) Turkish laws do not allow DNR orders.

### ***Features, responsibilities and tasks of intensive care units***

Intensive care nurses are, specially trained licensed professional nurses, responsible for optimal caring of patients with life-threatening conditions.

#### ***American Critical Care Nurses Association***

Intensive care nurses are, working in critical care nursing field, who are qualified and registered in their own country.

#### ***European Critical Care Nurses Association Federation***

Critical care nursing is specified nursing care of patients with critical conditions (severe or potential disease in vital organs)

The objective of critical care nursing is to improve patients’s physical, psychological, sociological and mental conditions with preventive, treating and rehabilitating attempts.

### ***Continous education of intensive care nurses***

- Professional organisations
- Courses, congresses, symposiums
- In-service trainings
- Bedside visits
- Publications

In conclusion, every member of intensive care unit (doctor, nurse, etc.) should be in aware of responsibilities for patient, patients’s family, teammates, colleagues, hospital and society. Device, equipment and team compatibility should be excellent in modern intensive care units (1-10).

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