Role of an internist in the management of patient in ICU

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Who is Internist?

- Specialist in internal Medicine
- Internists are especially skilled in the management of patients who have undifferentiated or multi-system disease processes.
- Internists provides a major care for hospitalized and ambulatory patients and also play a major role in teaching and research.
Internists are specialists in adult medicine who provide the majority of health care to adults in the hospital or in the office.
Spectrum of Internist:

- Provide comprehensive, continuing care (primary care) to adolescents, adults, and the elderly. This includes women’s healthcare, depression, and anxiety.
- Treat acute and chronic medical conditions.
- Treat episodic, urgent and emergent conditions.
- Arrange consultations with other physicians and conduct preoperative evaluations for surgical colleagues.
What is Intensive Care Unit (ICU)?

- Specially staffed, specialty equipped, separate section of a hospital dedicated to
  1. Observation
  2. Care and
  3. Treatment of patients with life threatening illnesses, injuries, or complications from which recovery is possible.
It provides:

- Special expertise and facilities for the support of vital function and utilizes the skill of medical nursing staffs.

The purpose of this concentration of staff and equipment is
- to encourage the efficient use of expertise and resources.
The first ICU in Bangladesh was established in the year of 1980 at National Institute of Cardiovascular disease (NICVD).

Only three Govt. Medical College Hospitals in Dhaka, Chittagong and Rangpur have ICU.

Unfortunately, most of them are concentrated in Dhaka. Currently there are about fifty ICUs with five hundred & fifty beds. Among them, most of the ICU is located within the private sector.
ICU is an extremely costly unit with about 50% fruitful outcome.

The average cost of ICU in Bangladesh can range from Taka 15,000 per day to as high as taka 60,000 per day in the private sector hospitals.

Institute like BSMMU treat patients on subsidy but not on free basis.
WHO needs ICU?

Patients in the ICU generally have life-threatening illnesses or conditions

- Cardiac arrest
- Respiratory failure
- Stroke
- Severe trauma
- Resistant infection
INTENSIVIST

It is only possible by Internist who has special Training on Critical Care.

INTENSIVIST who is actually an internist.

• Co-ordinator and team leader of multidisciplinary approach to the critical care centre.
Main roles:

- Internist is the team leader
- Patient management
- ICU management
ICU Team

- Doctors
- Nurses
- Physio’s
- CC Technologists
- Nutritionists
- Pharmacists
- Ward Clerks
- Cleaners
ICU Team

Essential for good outcome
Team Approach

- Intensivist (1)
- Critical Care Nurses (2)
- Computer Intelligence
- Clerical Assistance
Patient Centered Care

What the internist must do?

- Diagnosis and disease trajectory.
- Clinical planning and management.
- Coordinate ICU team approach
- Procedures.
- Patient safety.
- Liaise with external doctors.
- Emotional support: Patient and family
- Ethical decisions.
It is the internist who can be able to make

- General assessment of any critically ill patient
- Major therapeutic decision
- Manage the patient requiring non invasive as well as invasive monitoring.
He often requires input from a series of different specialities like cardiology, nephrology, pulmonology, neurosurgery, and vascular surgery whenever patients suffer from multi-organ failure or dysfunction.

As a result, management of a patient is a team work of different specialties where an internist plays the role of the leader of the team.
Some statistics

- Of all ICUs surveyed, the administrative responsibility was assigned to clinical departments as follows:
  - Anesthesia, 0.6%;
  - Medicine, 36.7%;
  - Surgery, 16%;
  - Free standing, 29.1%;
  - and other, 17.6%.
Intensivists provided clinical care in 60% of surveyed ICUs, with an average of 12.7 staff members identified by the ICU director as intensivists.
- Patient management in intensive care unit differs significantly between countries.
- In Australia, where intensive-care medicine is a well established specialty, ICUs are described as "closed".
- In a closed unit the intensive-care specialist takes on the senior role where the patient's primary physician now acts as a consultant.
The advantage of this system is a more coordinated management of the patient based on a team who work exclusively in ICU.

Other countries have “open” ICUs, where the primary physician chooses to admit and in general, makes the management decisions.

There is increasingly strong evidence that "closed" intensive-care units staffed by Intensivists provide better outcomes for patients.
ICU management

- Bed management
- Resource allocation
- ICU environment
  - Safety & efficacy
  - Quality assurance
- Team support
- Education & training
- Liaise hospital management
- Research
Example:

Washington Hospital's Intensivist Program follows the evidence-based guidelines for care established by the Society of Critical Care Medicine (SCCM). The SCCM critical care model calls for a multidisciplinary team approach that has a well-documented record of:

- Improving patient survival rates and quality care.
- Decreasing procedure complications.
- Promoting medication safety.
Conclusion

The daily practice of intensive care requires three related activities.

- Clinicians have to simultaneously resuscitate, diagnose, and provide definitive care for acutely sick patients on a rapidly deteriorating but potentially reversible path towards organ dysfunction and death.
They have to prevent, recognise, and treat complications of treatments to support failing organs.

Finally, clinicians’ greatest challenge is to engage in decisions about the appropriate extent of life-supporting therapies for patients whose immediate death has been averted, but whose likelihood of returning to a meaningful survival is poor.
We need to create awareness among our medical community and general public about management which is not possible only by a single specialties.

ICU management is complex and requires a broad range of skill, more than just academic knowledge.
Our health care policy makers need to be objective, goal directed, practical and realistic view about role of internist.

We will be able to reach in bright horizon in future.
Thank you