

Intensive Care Management of Coronavirus Disease (COVID-19): Challenges and Recommendations

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Description

As coronavirus sickness 2019 (COVID-19) spreads across the planet, the medical care unit (ICU) community should brace oneself for the challenges related to this pandemic. Streamlining of workflows for fast designation and isolation, clinical management, and infection bar can matter not solely to patients with COVID-19, however conjointly to health-care employees and different patients UN agency are in danger from medical building transmission. Management of acute metabolic process failure and hemodynamics is vital unit practitioners, hospital directors, governments, and policy manufacturers should brace oneself for a considerable increase in essential care bed capability, with attention not simply on infrastructure and provides, however conjointly on employees management. Essential care sorting to permit the parceling of scarce unit resources could be required. Researchers should address unreciprocated queries, together with the role of repurposed and experimental therapies.

Collaboration at the native, regional, national, and international level offers the most effective probability of survival for the critically unwell. Coronavirus sickness 2019 (COVID-19) is that the third coronavirus infection in 20 years that was originally delineate in Asia when Severe Acute Metabolic Process Syndrome (SARS) and Middle East Metabolic Process Syndrome (MERS) because the COVID-19 pandemic spreads worldwide, medical care unit (ICU) practitioners, hospital directors, governments, policy manufacturers, and researchers should brace oneself for a surge in critically unwell patients. Several lessons may be learnt from the additive expertise of Asian ICUs handling the COVID-19, SARS and MERS outbreaks. The amount of individuals diagnosed with COVID-19 worldwide crossed the mark on April 2020; the case death rate across 204 countries and territories was 5-2%. UN agency

suggests that COVID-19 be suspected in patients with acute disease and fever, and visit or residence in a very location news community transmission or contact with a confirmed or probable COVID-19 case within the fourteen days before symptom onset and in patients with severe acute disease UN agency need medical aid while not an alternate designation that totally explains the clinical presentation designation relies on RTPCR assays for severe acute metabolic process syndrome coronavirus two (SARS-CoV-2). These fatality rates ought to be understood with caution as a result of they vary across regions area higher in strained health-care systems and don't account for unknown patients with delicate sickness UN agency don't contribute to the divisor. Clinical options of coronavirus sickness 2019 (COVID-19) are non-specific and don't simply distinguish it from different causes of severe community acquired respiratory disorder because the pandemic worsen, medical care unit (ICU) practitioners ought to more and more have a high index of suspicion and a coffee threshold for diagnostic testing for COVID-19 unit practitioners hospital directors, governments and policy manufacturers should prepare early for a considerable increase in essential care capability, or risk being overpowered by the pandemic. Surge choices embrace the addition of beds to a pre-existing unit provision of medical care outside ICUs and centralization of medical care in selected ICUs, whereas considering essential care sorting and parceling of resources ought to surge efforts be skimpy. The non-specific clinical options don't simply distinguish severe COVID19 from different causes of severe community-acquired respiratory disorder. Patients with respiratory disorder might need incorrectly negative higher tract samples though sampling from the lower tract is usually recommended by UN agency, like with liquid body substance and endotracheal aspirates, procedures probably generate aerosol and should be performed with strict mobile precautions.