



Advances in Critical Care Management of Patients Undergoing Cardiac Surgery

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INTRODUCTION

The Shands CTICU rotation includes the assessment, evaluation, and management of critically ill patients with cardiothoracic disease of a predominantly surgical nature and post-operative critically ill cardiothoracic patients. Patients seen during this rotation have a variety of common and rare cardiothoracic surgical critical care conditions affecting one or more organ systems. Patients may be admitted from the surrounding community or transferred from another facility for tertiary level care. In this rotation, fellows will have deep exposure to the care of critically ill patients with cardiothoracic surgical conditions. Grantees of this service participate in the initiation and coordination of the patient assessment and management of the service. Grantees will have the opportunity to perform intubation, bronchoscopy, thoracotomy, percutaneous tracheotomy, central venous access procedures, and arterial line placement on this rotation. Fellows are expected to see thoracic surgery in the operating room and gain more appreciation for surgical approaches to thoracic disease [1]. If necessary, scholarship holders may treat cases of cardiac and vascular surgery in the operating room. Grant recipients will assist in coordinating consultations within CTICU and interacting with counseling services to implement assessments and treatment recommendations. Professionalism and willingness to assist requested providers are always expected. Grant recipients allow families to discuss treatment plans, response to treatment, and prognosis [2]. Cardiothoracic surgery faculty meet with fellows and extenders to provide guidance and training, and to supervise procedures as needed.

DESCRIPTION

Multidisciplinary management of critically ill patients is part of good clinical care and an integral part of this rotation. Fellows interact with and coordinate care with cardiothoracic sur-

gery, various surgical specialties and subspecialties, cardiology, nursing, respiratory therapy, pharmacy, social work, nutrition and physical therapy [3]. This highlights the importance of critical care physicians working with cardiac surgeons to ensure a successful outcome after complex cardiac surgery. Many institutions have adopted this intensive care model in their Cardiac Surgical Intensive Care Unit (CSICU), but as the shortage of cardiac surgeon's approaches and the demand for trained and experienced critical care physicians increases, more it is expected that the facility will be established [4]. As a result of this changing environment in healthcare, cardiac surgery and intensive care medicine is evolving into an important sub-area of intensive care medicine that requires specialized knowledge and experience [5]. Critical care physicians come from a variety of backgrounds, each offering unique and valuable skills, but with varying levels of experience working with this patient population. However, for critical care physicians to be successful in this expanding role, they must have a thorough understanding of the physiological consequences of cardiac surgery, knowledge of surgical anatomy, and how to perform actual surgery in the operating room [3]. You must understand. In the United States, there are only two specialized critical care training scholarships for cardiac surgery, and most of the training is delegated to the General Critical Care Training Program.

CONCLUSION

Many critical care graduates start immediately; spend a significant portion of their clinical time in the CSICU, creating a transitional period with its own challenges. At the University of Texas at San Antonio, we have developed an innovative Cardiac Surgery Critical Care Curriculum to address these unique challenges and equip you with the fundamental skills and knowledge needed to be successful and active in the CSICU. The curriculum also includes providing the trainee with an understanding

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of the Society of Thoracic Surgeons (STS) quality/performance indicators that are important to cardiac surgeons, hospitals, and patients, and that the graduate will assume a leadership role in her CSICU]. In response to this need, CHEST is expected to play a leading role in this field in the coming years and advance education in cardiac surgery and critical care.

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CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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