



## The Workforce in Critical Care Nephrology: Challenges and Opportunities

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### DESCRIPTION

Specialized care for patients with life-threatening conditions who usually require extensive care and continuous monitoring in an intensive care unit. Also called intensive care. Care for a polytrauma patient does not end in the operating room or resuscitation room. A patient presenting to her ICU after initial resuscitation and damage control surgery may be far from stable due to ongoing bleeding, resuscitation efforts, and injuries that are not yet fully repaired. Critical care physicians assess and coordinate a patient's ongoing resuscitation needs and assess the respiratory, cardiovascular, metabolic, and immunological effects of traumatic resuscitation and massive transfusion to address potential complications. You have to understand. This review addresses ongoing resuscitation in the intensive care unit and possible complications in trauma patients after initial resuscitation. Complications such as abdominal compartment syndrome, transfusion-related patterns of acute lung injury, and metabolic effects after post-traumatic resuscitation are presented. Many Intensive Care Unit (ICU) survivors suffer from multiple organ failure called post-intensive care syndrome. There is currently no national coordination of rehabilitation pathways or related data collection. Over the past year, the need for tools to systematically assess the need for multidisciplinary rehabilitation of severely affected COVID-19 survivors has become apparent. Such tools offer an opportunity to enhance rehabilitation for all critical illness survivors by providing a personalized Rehabilitation Prescription (RP). Initial development and secondary refinement of such assessment and data tools are described in the linked paper. The resulting clinical and staff data are reported here. Trauma has been called the forgotten epidemic of modern society, the neglected disease. Trauma affects lot of people each year and costs billions of dollars in direct costs and indirect losses. Trau-

ma care has improved over the past two decades, primarily through improvements in trauma systems, assessment, triage, resuscitation, and emergency care. However, a US Institute of Medicine report identified that the US crisis in access and distribution of emergency care could impact the efficiency and effectiveness of trauma systems. Similarly, a projected shortage of critical care physicians could impact care for critically injured patients after the emergency department. Polytrauma patients with severe hemorrhagic shock and massive tissue damage pose significant challenges to management and resuscitation in the ICU. Many of the 'limited resuscitation' recommendations remain controversial. In the absence of large randomized controlled trials, most recommendations remain at the consensus, expert opinion level. Continued research and improvement in monitoring and resuscitation techniques will further influence how these complex and difficult patients are managed. The study performed a bibliographic analysis of his 2,000 most cited articles in CCM. The most cited article was the article that developed the APACHE II score. The author's productivity was very different from Lotka's Law. The PICUPS tool can be implemented as a screening mechanism for post-intensive care syndrome. We see no difference in the rehabilitation needs of patients with and without COVID-19. RP may be a means of facilitating professional intervention in the transition from acute care to outpatient care. No single discipline dominates the rehabilitation needs of these patients, increasing the need for personalized RP for survivors of critical illness.

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### CONFLICT OF INTEREST

The authors declare no conflict of interest.

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