

## Is an Anesthesiologist your Guardian Angel in Intensive Care Unit?

Radmilo Janković<sup>1,2</sup>, Anita Vuković<sup>1\*</sup> and Danica Marković<sup>1</sup>

<sup>1</sup>*Clinic for Anesthesiology and Intensive Therapy, Clinical Center Nis, Serbia*

<sup>2</sup>*School of Medicine, University of Nis, Serbia*

**\*Corresponding Author:** Anita Z Vuković, Clinic for Anesthesiology and Intensive Therapy, Clinical Center Nis, Serbia.

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The challenge and complexity of pathophysiological processes in diagnosis and therapy management among patients in the intensive care unit (ICU) remain leading motives for doctors to deal with the most difficult patients. In order to give their best to minimize and preclude further tissue injury, intensivists must be competent to solve not only a broad spectrum of conditions common among critically ill patients, but also to be familiar with the technical procedures and devices used in everyday intensive care setting [1]. Beside medical knowledge, multidisciplinary approach to the management of critically ill patient request from intensivists the ability of leadership, patient triage based on admission and discharge criteria and collaboration with other ICU team members [2].

By 1984, Li, *et al.* [3] found improved survival of critically ill patients in hospitals and ICUs after the ICU team's supervision was turned over to an intensivist. A few years later, Brown and Sullivan [4], have documented a reduction in ICU mortality (52%) and of 31% in overall hospital mortality as a result of the presence of intensivists. Similar results were confirmed by other investigators later [5-9].

Intensivists struggle with complex pathophysiological processes, using all available diagnostic and therapeutic options. They made identification of interventions that could be only provided in the ICU environment, with available trained personnel [10]. Team has to help, coordinate and respect each other. Better coordination results in improved survival.

Intensivists specialize in the care of critically ill patients, and can be anesthesiologists, internists or internal medicine sub-specialists (most often pulmonologists), emergency medicine physicians, pediatricians (including neonatologists), or surgeons who have completed a fellowship in critical care medicine [11]. In most countries there is a lack of specialists in ICM (Intensive Care Medicine), it is a young discipline, difficult to define and it is not a speciality as such in almost every country.

One thing is clear, intensivists need to provide 24-hour coverage of service and to possess knowledge and technical expertise to deal with all the diagnostic and therapeutic procedures, which are necessary to recognize and to treat acute events adequately and without delay.

When American Society of Anesthesiologists was defined Anesthesiology as a field of medicine "dedicated to the relief of pain and total care of surgical patients before, during, and after surgery" [12], it was obviously that all procedures started by anesthesiologists in the operating room represent a great benefit for the patient and contribute to their recovery in the intensive care unit. The best example is following study which has showed a lower risk of pulmonary complications with epidural, spinal or regional anesthesia. A retrospective review of COPD patients found that 8% of 464 patients undergoing general anesthesia died from respiratory failure whereas no deaths were reported in 121 patients who received spinal or epidural anesthesia [13]. Postoperatively maneuvers such as deep breathing exercises, incentive spirometry and CPAP should be included. Anesthesiologists are highly skilled for airway and management of all complications due to prolonged hospital stay, such as pneumonia, respiratory failure, bronchospasm, atelectasis etc.. Anesthesiologists have a long and proud history of contributing in exploration and understanding of basic physiology and alteration in fluid dynamics, gas exchange, hepatic detoxification, pharmacokinetics, pharmacodynamics and the inflammatory changes [14].

In October, 2014 the American Society of Anesthesiologist (ASA) wrote guidelines and list of activities that should be carried out by an anesthesiologist and is related to a patient critical care management. American Examples include, but are not limited to, bronchoscopy, invasive and noninvasive hemodynamic and respiratory monitoring, metabolic assessment, airway intubation, management of and weaning from mechanical ventilation, cardiopulmonary resuscitation, cardioversion, mechanical and pharmacologic support of the circulation, parenteral and enteral nutrition, administration of fluid, electrolyte and management of acid-base disorders, management of extracorporeal membrane oxygenation, hyperbaric oxygen therapy, and analgesia and sedation for both acute and chronic pain.

Critical care anesthesiologists are experts with an active role in stabilizing and preparing the patient for emergency surgery, and take care of the unconscious patients requiring life support, with a multiple organ injury or dysfunction syndrome [15].

Putting patient's life in anesthesiologist hands after just a few minutes of acquaintance, usually when delicate balance between life and death occurs, is the hardest and most stressful moment in every medical career.

Despite the demanding nature of anesthesiology as a speciality, many anesthesiologist are contented with their job, with purpose not to prevent death at any cost, but to deliver appropriate care and to maximize the quality of patients life. Rescuing someone's life is the most precious moment which motivates anesthesiologist to do their job without fear and trepidation.

Anesthesiologist, the right man in the right place! When seconds count...

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