

ICU Care for COVID-19 Patients

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ABSTRACT

The unending coronavirus disease 2019 (COVID-2019) epidemic has brushed all over the world, posturing an excessive pressure on critical care resources due to huge number of patients needing critical care. Announcements from front-line specialists in the arena of intensive care are immediately wanted. Each skilled was allocated responsibilities within their arena of expertise to provide draft declarations and justification. Parts of the skillful statement are based on epidemiological and clinical evidence, deprived of existing systematic evidences. A comprehensive text with 46 statements are obtainable, including defense of medical personnel, etiological treatment, diagnosis and treatment of tissue and organ functional impairment, psychological interventions, immunity therapy, nutritional support, and transportation of critically ill COVID-19 patients. There are still no beleaguered treatments for COVID-19 patients. Dynamic monitoring and supportive action for the refurbishment of tissue vascularization and organ function are particularly significant. Some detailed issues about the nutrition of the COVID-19 patients in the ICU must be highlighted. We suggest a flow chart and ten key issues for enhancing the nutrition management of COVID-19 patients in the ICU.

Keywords: ICU; Nutrition; Care; COVID-19; Patients

INTRODUCTION

The viral widespread produced by the new coronavirus SARS-CoV-2 is answerable for the new coronavirus disease 2019 (COVID-19) [1]. Up to 30% of the coronavirus SARS-CoV-2-infected patients are awarding with an acute respiratory distress syndrome (ARDS) needful vital breathing and hemodynamic sustenance in the intensive care unit (ICU) [2]. The coronavirus SARS-CoV-2 inhabits the breathing tract but may also attack the gastrointestinal (GI) tract neurological system, and kidneys [3]. In the most severe cases, it leads to a cytokine storm with high proinflammatory cytokine plasma levels [4]. Lung histopathological changes are compatible with diffuse alveolar damage. This damage is often lethal. The primacy of the revival measures would not incomprehensible the importance of nutritional care.

The length of time for recovery for patients who survive COVID-19 is a key factor that nutrition is vital for. ICU fighters are remaining for extensive periods [5]. In Seattle, fighter patients were ventilated for 10 days (mean) and stay in hospital for 18 days [6]. In Lombardia, from 1591 patients requiring ICU, the median (IQR) ICU length of stay was 9 (6) days. Therefore, it is predictable that COVID-19 patients who lived ICU would current severe malnutrition and muscle mass loss.

The nutritional valuation and the initial nutritional care organization of COVID-19 patients must be combined into the total therapeutic plan, as through any serious illness and reintegration program. As there is a COVID-19 GI and liver involvement [4], it may have an effect on nutrition delivery. This review is envisioned to benefit ICU health specialists to enhance nutrition organization of COVID-19 patients, particularly those through ARDS. This manuscript was righted in the emergency of the epidemic by a skilled group, founded on the international recommendations on nutrition in the ICU on March 29, and will be updated according to new knowledge about the COVID-19.

CONCLUSION

To preserve muscle reserves and function and enhance recovery, depends on the individual clinical condition, mobilization at bedside will be encouraged. It will be adapted to the patient's capacity for autonomy, in a context of limited availability and access by physiotherapists for priority respiratory care. As soon as the clinical improvement allows, mobilization will be intensified.

To maintain GI tract function, sustain immune defenses, and avoid severe loss of muscle mass and function, optimized nutrition care of the ICU COVID-19 patients is important. As for any additional ICU patients, the last is crucial to sponsor brief and

Special Issue: Jelena Roganovic, *Patient Care, Nursing Safety & Workload Balance during Covid-19 Pandemic Situation*

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Received: August 15, 2020; **Accepted:** August 25, 2020; **Published:** August 31, 2020

Citation: Patra SS (2020) ICU Care for COVID-19 Patients. J Perioper Crit Intensive Care Nurs S1: 153. doi: 10.35248/2471-9870.20.S1.153.

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lengthy-term recovery. Dedicated studies about the nutrition in the COVID-19 patients are now anticipated to enrich our information about the metabolism of this new virus and adapt the nutrition support strategy.

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