

Contribution of acute care

Received: February 1, 2021; **Accepted:** February 15, 2021; **Published:** February 22, 2021. Department of Acute care, Hongkong.

Acute care may be a branch of secondary health care where a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery. In medical terms, look after acute health conditions is that the opposite from chronic care, or long run care.

Acute care services are generally delivered by teams of health care professionals from a variety of medical and surgical specialties. Acute care may require a stay during a hospital emergency department, ambulatory surgery centre, urgent care centre or other short-term stay facility, along side the help of diagnostic services, surgery, or follow-up outpatient care within the community. Hospital-based acute inpatient care typically has the goal of discharging patients as soon as they're deemed healthy and stable. Acute care settings include emergency department, medical care , coronary care, cardiology, neonatal medical care , and lots of general areas where the patient could become acutely unwell and need stabilization and transfer to a different higher dependency unit for further treatment.

Role of acute care

- Treatment of people with acute surgical needs, like life-threatening injuries, acute appendicitis or strangulated hernias.
- Treatment of people with acute life- or limb-threatening medical and potentially surgical needs, like acute myocardial infarctions or acute cerebrovascular accidents, or evaluation of patients with abdominal pain.
- Ambulatory care during a facility delivering medical aid outside a hospital emergency department, usually on an unscheduled, walk-in basis. Examples include evaluation of an injured ankle or fever during a child.
- Treatment of people with acute needs before delivery of definitive treatment. Examples include administering intravenous fluids to a critically injured patient before transfer to an OR . and have a warmed intravenous (IV) line, forced air warmer, and rapid infuser with warming capability immediately available. Standard checks (e.g., anesthesia machine check, verification that airway equipment, medications, and special tools are in good working order) assure that vital equipment is ready for immediate use.

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Citation: Jessica Dora Contribution of acute care. J Intensive & Crit Care 2021, 7:2.

- Care provided within the community until the patient arrives at a proper health-care facility capable of giving definitive care. Examples include delivery of care by ambulance personnel or evaluation of acute health problems by local health-care providers.
- The specialized care of patients whose conditions are life-threatening and who require comprehensive care and constant monitoring, usually in medical care units. Examples are patients with severe respiratory problems requiring endotracheal intubation and patients with seizures caused by cerebral malaria.

Fragmented health system and services

In 2007, WHO highlighted the necessity to strengthen health systems, but precise definitions and objectives, especially with reference to the delivery of health services, often remain elusive. Priority health problems are on consensus lists that countries normally develop with input from international organizations. Health services are then oriented towards preventing and controlling these priority health problems. One important component that has yet to be adequately elucidated within these processes is that the influence of your time on the implementation and success of interventions. Preventive strategies primarily specialise in reducing the probability of incident cases through interventions that decrease the danger of developing a disease. the earlier prevention efforts begin, the earlier incidence falls. On the opposite hand, curative strategies reduce the probability of disability or death among existing cases.

The relative priority assigned to curative interventions is driven by how time-sensitive and effective the interventions are, also as by cost. However, within the case of curative services, the connection between time and effectiveness varies, which makes it important to urge the patient to the proper place at the proper time for the proper intervention. Failure to think about the time component of curative services produces

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As a clinical service, acute care responds to right away life- or limb-threatening health conditions, no matter their ultimate cause. Thus, acute care necessarily supports progress towards strong health systems (horizontal approach) instead of from patchwork efforts which will improve outcomes for specific conditions but not the general functioning of the health system (vertical programmes). Notably, many of the fabric, consumable and human resources required to implement acute care platforms are an equivalent as those needed in

fragmentation through poor coordination of care and therefore the imprecise application of clinical interventions, like delays in treating sepsis with antibiotics resulting in death or disability. Fragmented care reduces the amount of disability-adjusted life years (DALYs) which will be averted with a given set of resources.

traditional “disease-centred” programmes. Additionally, it's important to dispel common misperceptions about acute care, like believing it to be an equivalent as ambulance transport or fundamentally reliant on technology . On the contrary, excellent acute care is driven by a temporal element – i.e. responding to immediate threats to life or limb – and involves a redistribution of resources to attenuate impending death and disability. the mixing of acute care with preventive and first care completes a health-care system paradigm that fully encompasses all essential aspects of health healthcare delivery