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48° Congresso Nazionale

Associazione Nazionale
Medici Cardiologi Ospedalieri

MAIN SESSION
CONVENTION DELLE UTIC

CONVENTION DELLE UTIC

Moderatori: **Francesco Maria Bovenzi** (Lucca)
Christian Pristipino (Roma)

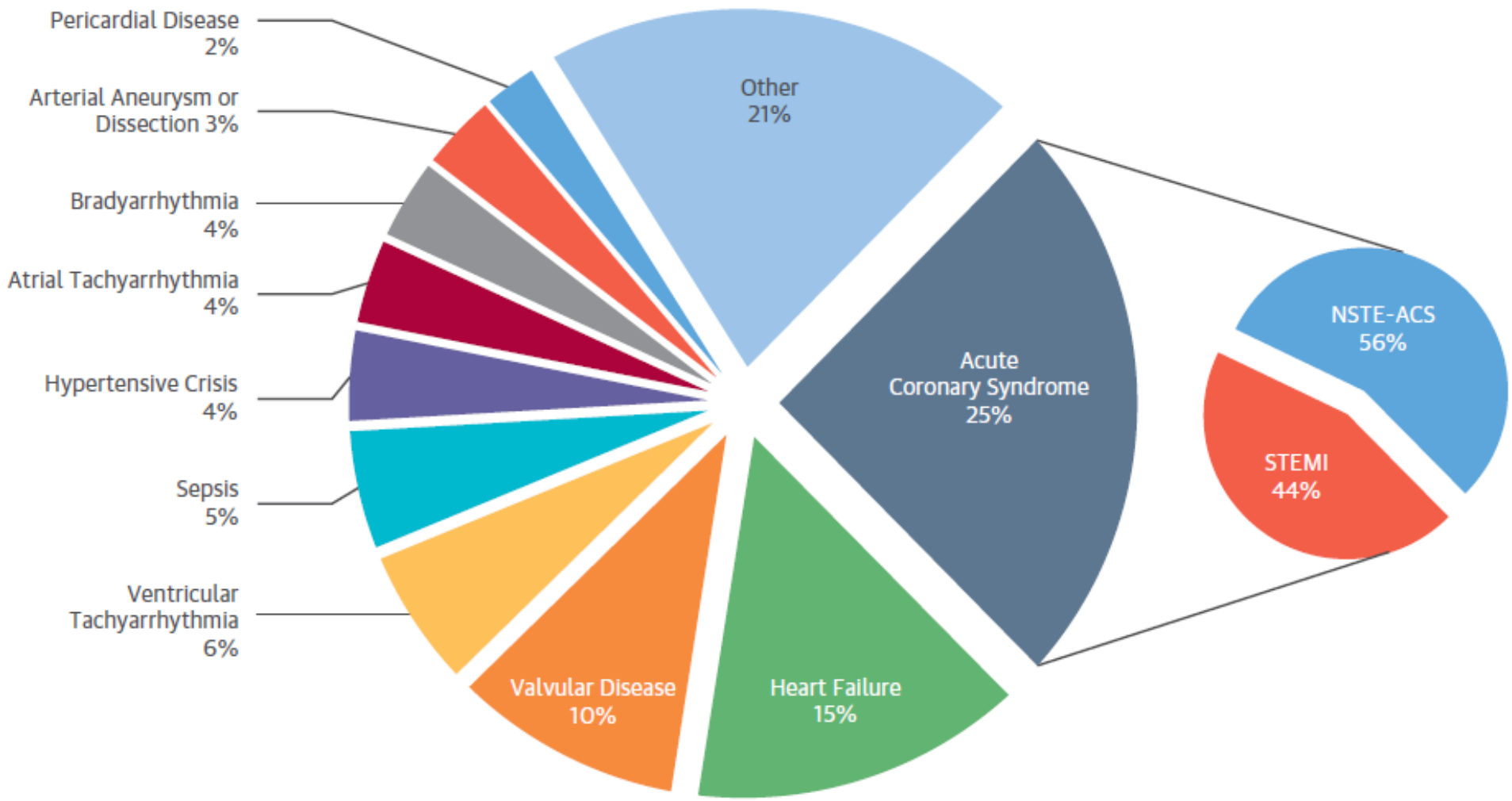
15.00 Il valore della produzione dei dati epidemiologici: volumi di attività, costi e sistemi di valutazione
Luigi Oltrona Visconti (Pavia)

15.15 Alta complessità di cure: la nuova sfida delle UTIC
Marco Tubaro (Roma)

15.30 UTIC multifunzionale: rapporto con gli altri specialisti
Angelo Sante Bongo (Novara)

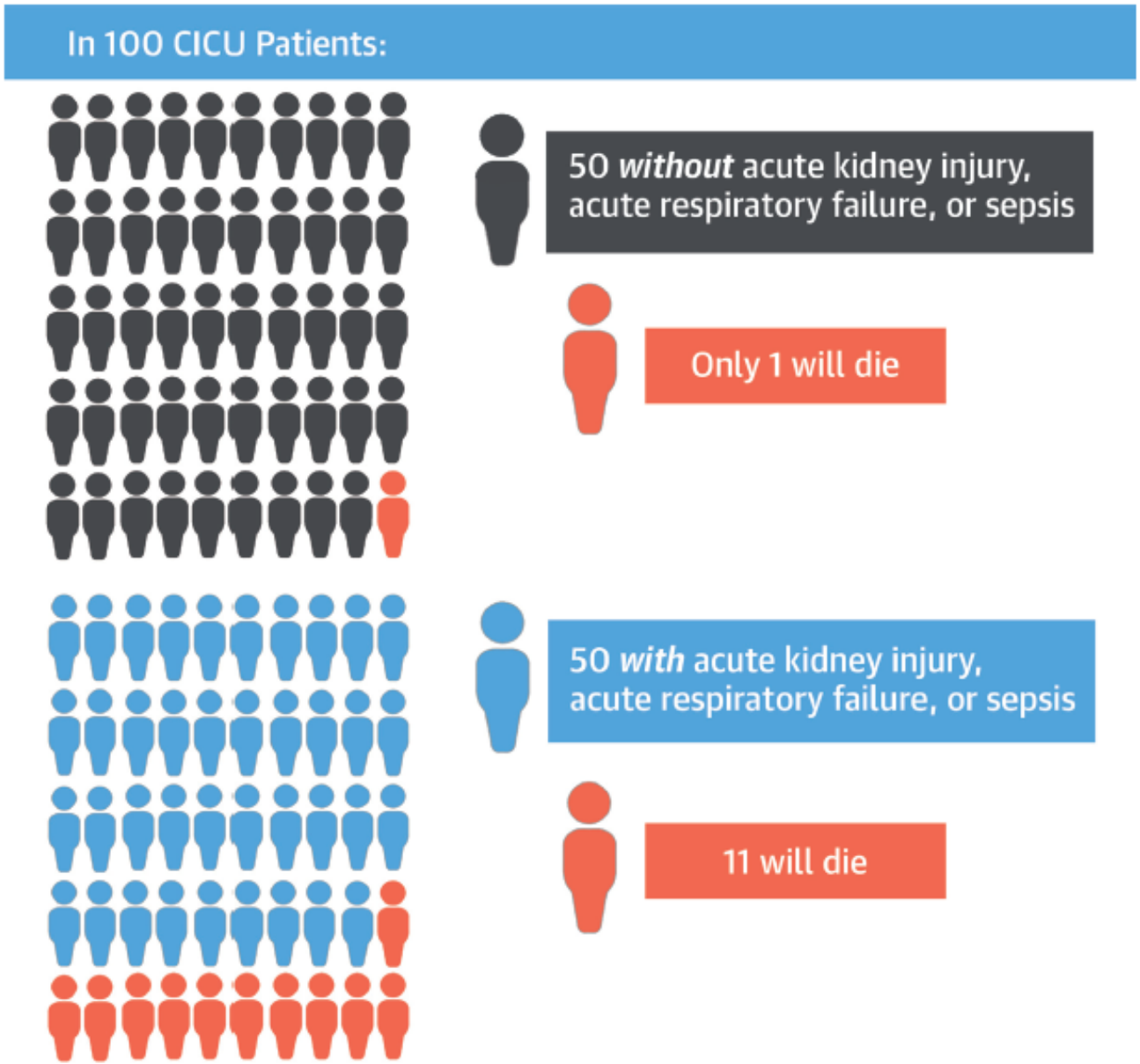
METHODS We studied 1,042 admissions between October 12, 2013 and November 28, 2014 to the CICU at the University of Virginia Health System, a tertiary-care academic medical center. Through systematic inspection of individual charts, we identified primary and secondary diagnoses, vital sign measurements, length of stay (LOS), hospital readmissions, and mortality.

FIGURE 1 Primary Diagnoses in the CICU



Primary diagnoses associated with admissions arranged in order of frequency. CICU = cardiac intensive care unit; NSTE-ACS = non–ST-segment elevation acute coronary syndrome; STEMI = ST-segment elevation myocardial infarction.

CENTRAL ILLUSTRATION Impact of Noncardiovascular Illness in the CICU

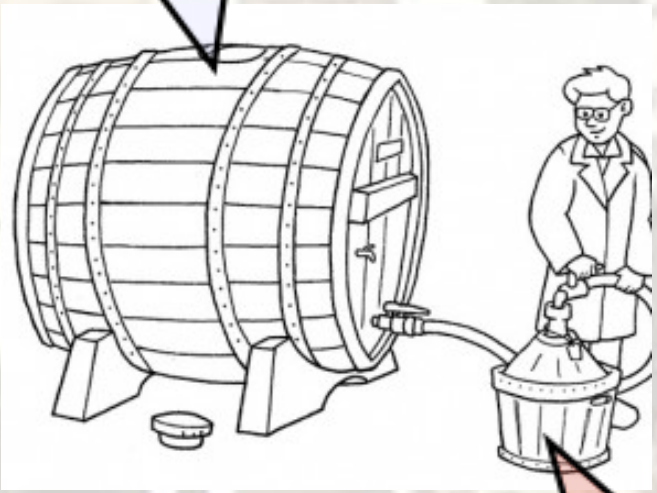


Holland, E.M. et al. J Am Coll Cardiol. 2017;69(16):1999-2007.

Patients represented as **blue** and **black** are those with and without acute kidney injury, acute respiratory failure, or sepsis, and the patients represented in **red** are those who died during admission. CICU = cardiac intensive care unit.

Area intensiva non coronarica

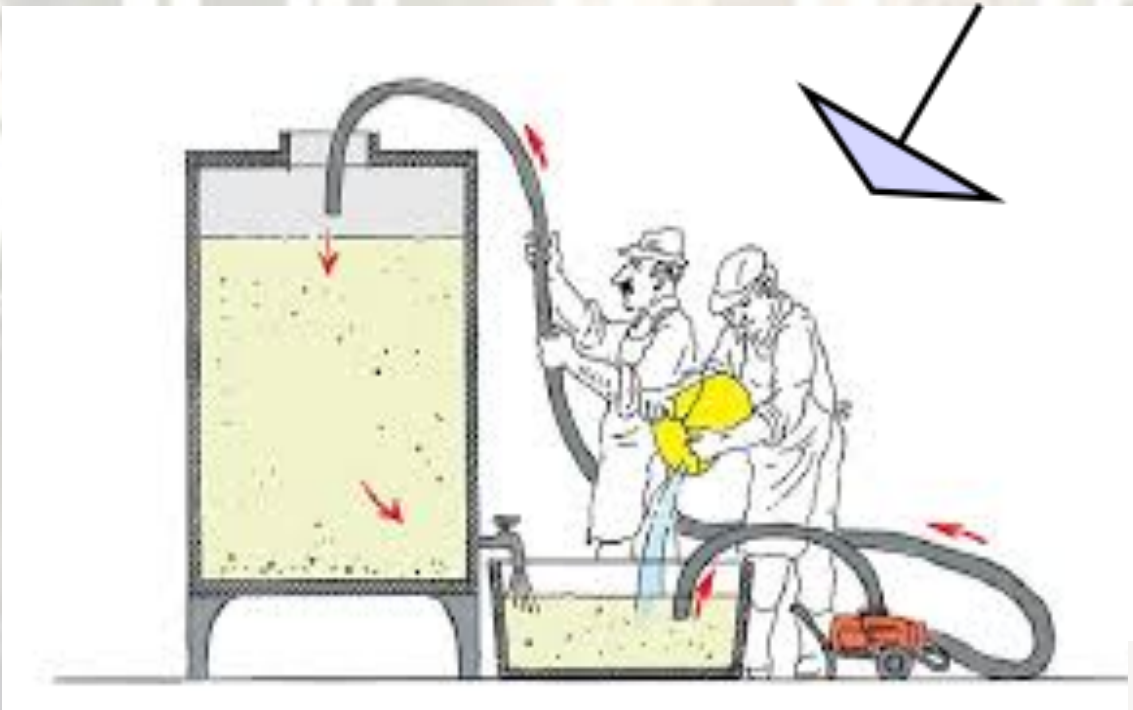
- Prevention of VAP
- Analgesic and Sedation Protocols
- CICU patient analgesic and sedation drug Considerations
- Prevention of central line infection
- Prevention of Delirium
- Enteral Nutrition and Stress Ulcer Prophylaxis
- Medication Errors and the Role of the Team Pharmacist

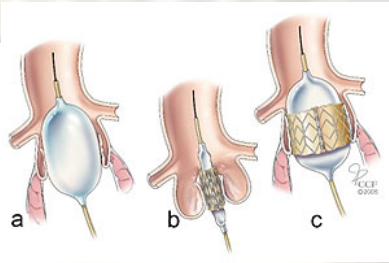


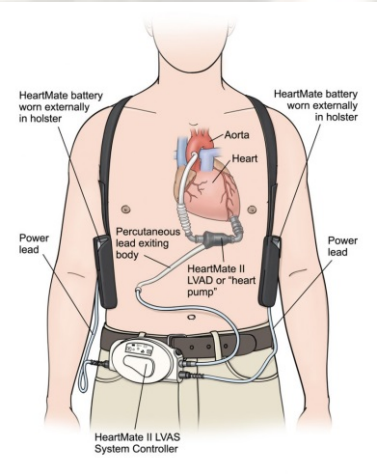
UTIC

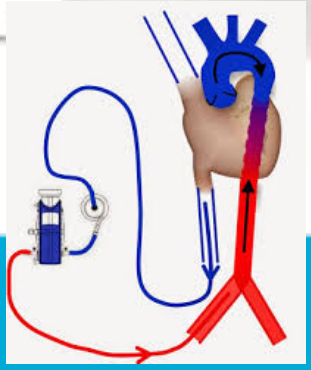
Interscambio culturale

- Structural heart interventions
- LVAD
- Temporary MCS









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THE PRESENT AND FUTURE

STATE-OF-THE-ART REVIEW

The Genesis, Maturation, and Future of Critical Care Cardiology

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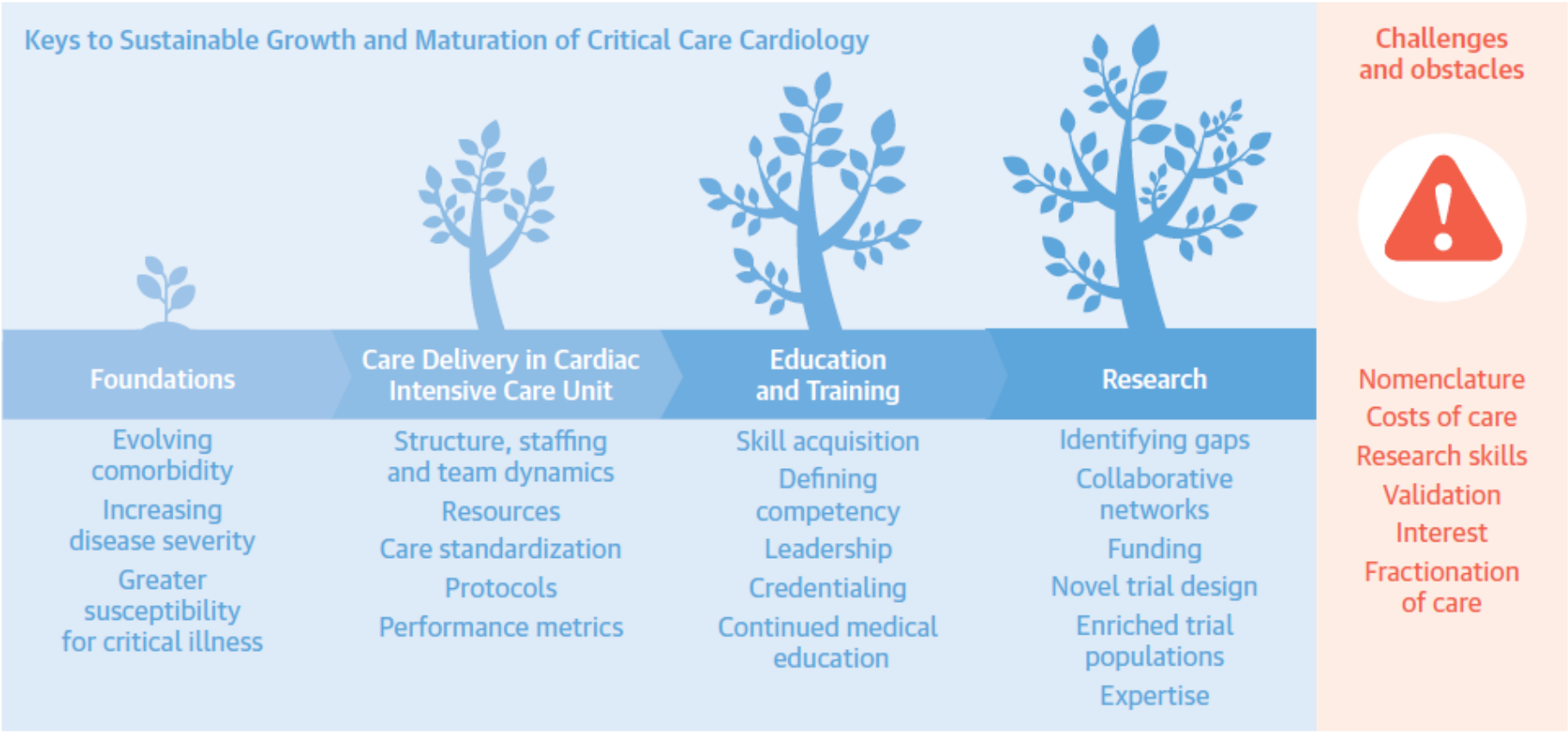
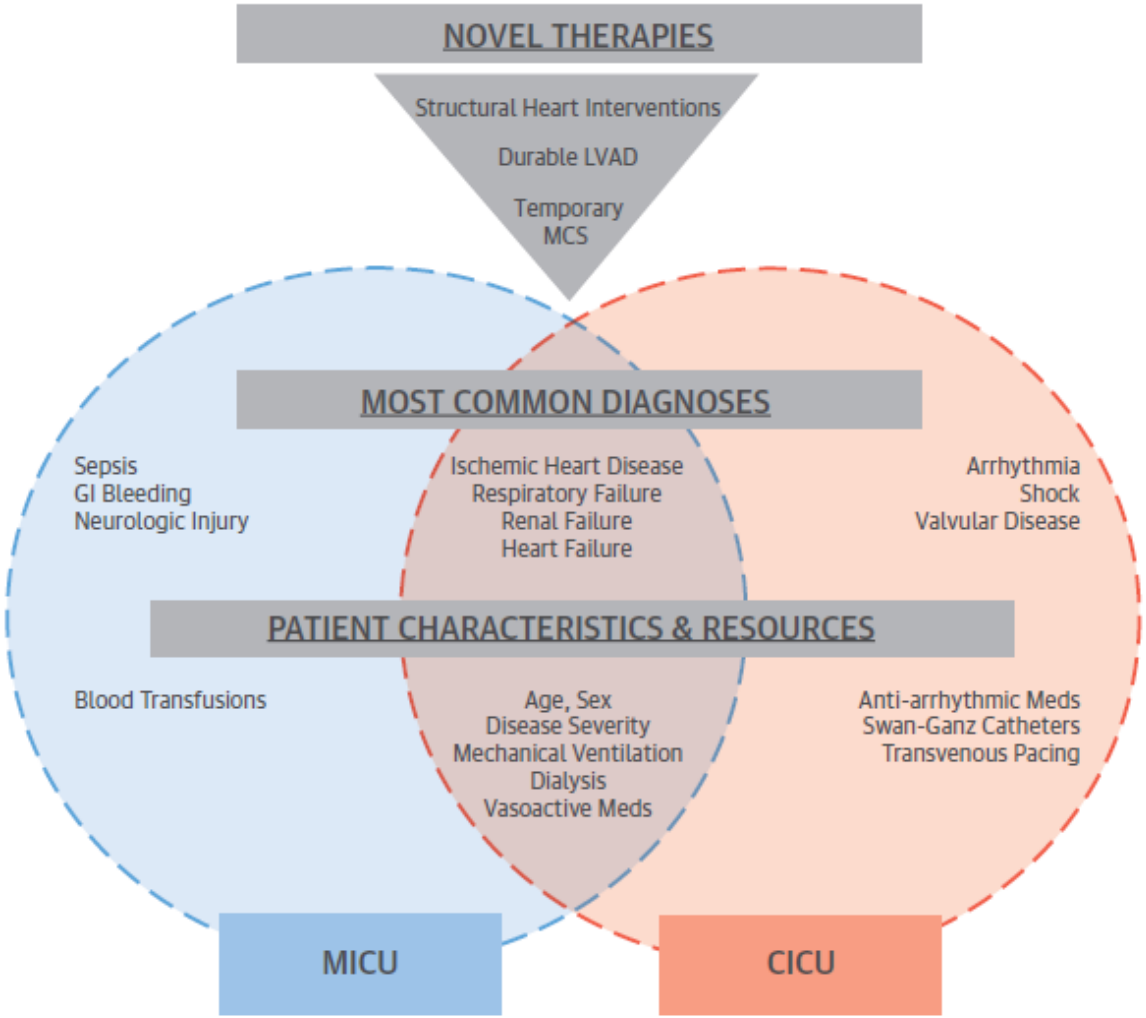
CENTRAL ILLUSTRATION **Evolution and Maturation of Critical Care Cardiology and the Myriad of Obstacles That Threaten to Stymie its Growth**



Katz, J.N. et al. J Am Coll Cardiol. 2016;68(1):67-79.

The prosperous growth of this young field hinges on identifying, implementing, and validating optimal care pathways, training models, and research initiatives. However, many challenges must be overcome to promote the successful maturation of this discipline.

FIGURE 1 Key Similarities and Differences Between Today's MICU and CICU Patients



Several key similarities and differences between the contemporary medicine intensive care unit (MICU) and cardiac intensive care unit (CICU) with respect to patients, diagnoses, and resources used are shown. Emerging technologies specific to the cardiovascular arena, however, are likely to lead to future divergence. GI = gastrointestinal; LVAD = left ventricular assist device; MCS = mechanical circulatory support. Data from Katz et al. (2), Groeger et al. (9), Teskey et al. (10), and Lilly et al. (12).

Nuovo modello di UTIC
In relazione alle patologie non cardiache ed al rapporto con gli specialisti

Utilizzazione di specialisti «contingentata e «selezionata»

- Allargamento dell'esperienza del team con gestione il più autonoma possibile alle affezioni non cardiologiche più frequenti
- Prevenire e saper trattare le frequenti complicanze iatrogene
- Riorganizzare lo staff con figure professionali nuove
- Aggiornare il training adeguandolo alle nuove esigenze
- Modificare i protocolli in relazione alle nuove patologie emergenti
- Prepararsi adeguatamente alle nuove tecnologie in espansione

Cardiologo multitasking in Utic?

NO Equipe con nuove competenze multidisciplinari