



## Resource Allocation and Efficiency in Geriatric Intensive Care Unit (ICU)

Brandon Schlautman\*

Department of Hospice and Palliative Medicine, Emory University, Atlanta, United States of America

### DESCRIPTION

As the world's population continues to age, healthcare systems face an increasing demand for specialized care for older adults. One critical aspect of this care is the provision of intensive care to older persons in the Intensive Care Unit (ICU). Older adults, defined as individuals aged 65 and older, have unique healthcare needs due to the physiological changes associated with aging. Delivering effective and compassionate care to this demographic in the ICU presents a complex set of challenges for healthcare providers and institutions. One of the primary challenges in caring for older adults in the ICU is the recognition and management of age-related physiological changes. As individuals age, their organ systems undergo significant alterations, making them more vulnerable to critical illnesses and complications. For example, older adults may have decreased lung function, impaired immune responses, and reduced cardiac reserve, which can complicate the management of critical conditions such as pneumonia, sepsis, and Acute Respiratory Distress Syndrome (ARDS). Older adults often have multiple chronic conditions, a phenomenon known as multiple long-term conditions

These comorbidities can complicate treatment plans in the ICU, as they may interact with each other and require a delicate balance of medications and interventions. Polypharmacy, the use of multiple medications, also becomes a concern, as older adults are more likely to be prescribed multiple drugs, increasing the risk of drug-drug interactions, adverse effects, and medication errors. Frailty is a condition characterized by decreased physiological reserves and increased vulnerability to stressors. Older adults who are frail are more likely to experience functional decline after an ICU stay, leading to decreased independence and quality of life. Identifying and addressing frailty in the ICU is a challenge, as it requires comprehensive assessments and modified interventions to mitigate its impact. Delirium is a common complication in older adults admitted to the ICU, characterized by acute changes in cognition and attention. The noisy and disorienting ICU environment, combined with the use of sedatives and analgesics, increases the risk of delirium in older patients. Managing delirium is challenging, as it can lead to longer ICU stays, increased

morbidity, and a higher risk of long-term cognitive impairment. ICU stays can be emotionally traumatic for patients, and older adults may be particularly susceptible to psychological distress. They may experience anxiety, depression, and Post-Traumatic Stress Disorder (PTSD) after their ICU discharge. Recognizing and addressing these psychological challenges is essential for ensuring a patient's overall well-being and recovery.

Older adults in the ICU may have impaired decision-making capacity due to cognitive decline, delirium, or critical illness. Determining who should make decisions on their behalf, and what those decisions should be, can be ethically challenging. Healthcare providers must navigate complex discussions with families and consider the patient's previously expressed wishes through advance directives. Discussions surrounding end-of-life care and goals of care can be emotionally charged when caring for older adults in the ICU. Decisions about the appropriateness of life-sustaining treatments, Cardiopulmonary Resuscitation (CPR), and the transition to palliative care require careful consideration of the patient's values, prognosis, and quality of life. ICUs often face resource constraints, such as limited beds, equipment, and healthcare personnel.

Allocating these resources effectively to meet the needs of older adults can be challenging, especially when considering the potential for longer ICU stays and complex care requirements. Healthcare providers in the ICU must possess specialized knowledge and skills to care for older adults effectively. Training programs and ongoing education in geriatric care may be lacking in some healthcare settings, leading to challenges in providing optimal care to this population. Transitions of care from the ICU to other healthcare settings, such as long-term care facilities or home care, can be problematic for older adults. Ensuring a seamless transition with appropriate follow-up and continuity of care is critical to prevent readmissions and improve outcomes.

### CONCLUSION

Caring for older persons in the ICU presents a multifaceted set of challenges that span physiological, psychological, ethical, and systemic dimensions. Healthcare providers and institutions must

**Correspondence to:** Brandon Schlautman, Department of Hospice and Palliative Medicine, Emory University, Atlanta, United States of America, E-mail: brdnschtmn@gmail.com

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be equipped to address these challenges to ensure the best possible outcomes for this vulnerable population. Recognizing the unique needs of older adults, implementing evidence-based practices, and fostering interdisciplinary collaboration are essential steps in overcoming these challenges and improving the

quality of care delivered to older persons in the ICU. As the population continues to age, addressing these challenges will become increasingly vital to meet the growing demand for intensive care among older adults.