

## Delirium

Delirium je velmi častou komplikací multimorbidních pacientů a významně negativně ovlivňuje morbiditu i mortalitu. Opatření směřující k prevenci deliria zahrnují minimalizaci analgosedace, preferenci nebenzodiazepinových sedativ (propofol, dexmedetomidin), adekvátní kontrolu bolesti („analgesia first and sedation free strategy“), časnou mobilizaci, frekventní reorientaci, dostatečný spánek, minimalizaci hluku, přítomnost rodiny, omezení restriktivních a invazivních procedur.

## Multimorbidní pacient po propuštění z intenzivní péče

Příkladem pacienta na standardní oddělení aktivní prevence a časná identifikace komplikací nekončí. Naopak mnoho komplikací se vyskytuje právě během několika prvních dní po překlade. Nejčastějšími jsou nozokomiální infekce (pozor na všechny vstupy – katetry), delirium, arytmie, srdeční selhání, hypoventilace. Zejména multimorbidní pacient

z intenzivní péče je ohrožen důsledky polyneuropatie kriticky nemocných s imobilizací, dekubity, hypoventilací, poruchami polykání (riziko aspirace). Nejen z tohoto pohledu by jako mezistupeň („step down“) byla vhodná intermediární péče (jednotky/lůžka intermediární péče). Velkou pozornost zasluhuje pokračující výživa a aktivní rehabilitace.

## Závěr

Multimorbidní pacienti tvoří v současné době majoritu populace kriticky nemocných a jejich počty budou i nadále růst. V intenzivní péči se tak stále více prolíná problematika akutní deteriorace zdravotního stavu či dokonce vitálních funkcí s chronickými onemocněními a orgánovými dysfunkcemi. S ohledem na obrovskou heterogenitu této populace je zřejmě správnou cestou intenzivní péči o tyto nemocné přísně individualizovat (pacient-centred care, QoL-centred care) a využít možnosti prediktivního a prognostického „enrichmentu“ a multioborové spolupráce.

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