

Concept of care shock during intensive care unit discharge process

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Discharging patients from the intensive care unit (ICU) and moving then to the general ward (GW) is a positive sign of clinical improvement after proper ICU management. However, at the time of ICU discharge, patients depart from close monitoring and expert care. Although the clinical course of patient improvement is continuous, the transition from the ICU to the GW is phased. The patients should overcome the sudden step-down process of care.

Some patients fail to adapt to the change and approximately 10% of ICU discharged patients are readmitted to the ICU [1]. Previous studies have focused on the step-down process and tried to identify risk factors for failure to adapt [2]. These studies sought to discriminate between patients who would and would not overcome the transition.

A qualitative study in *Acute and Critical Care* [3] described the experience of patients and their family during the rapid transition process. The authors collected the experiences of patients, families and members of the medical team in a narrative manner and specifically analyzed the transition from a patient's perspective. After thorough analysis, the authors regarded the upheaval process of transition as a "gap" that the patients and their family members have to overcome and endure. This gap in monitoring level, training level of the medical team, and environment can be accepted as an upheaval in care. The authors introduced a novel term for the gap that the patients and family experience in the transition process from the ICU to the GW: "care shock"

People experience "culture shock" when they arrive in a different society. This consists of uncertainty, confusion, anxiety, and other feelings related to unfamiliarity. Patients transferring from the ICU to the GW might also experience such feelings. This concept of "care shock" is a useful depiction of this transition from a patient's perspective.

To reduce the ICU readmission rate and to identify risk factors for readmission, many strategies such as predictive scores and follow-up programs have been suggested. However, further understanding of the care shock experience of patients is also needed.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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Editorial

Received: February 21, 2021
Accepted: February 22, 2021

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