

A Short Note on Critical Condition of Emergency Medicine

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DESCRIPTION

Critical emergency medicine is a branch of medicine that deals with the treatment of severely ill patients in Emergency Department (ED). Overcrowding in the Intensive Care Unit (ICU) has a negative influence on patient care and outcomes. It has been suggested that implementing critical care services in the emergency department can counteract this effect. The "resource intensivists" and "ED-ICU" models have been proposed as the two basic Critical Emergency Medicine paradigms. The resource intensivists approach is based on the presence of intensivists in the standard ED setting, whereas the ED-ICU model envisions a separate ED-based facility with monitoring and therapeutic capacities comparable to those of an ICU.

Emergency Medicine (EM) is a medical specialty that focuses on recognizing, evaluating, and coordinating acutely sick patients' care and treatment. Following the discovery that managing severely ill patients requires a dedicated group staffed with expert physicians, U.S. physicians established a structured Emergency Department (ED). Critical Care Medicine (CCM) is a medical specialty that focuses on providing sophisticated monitoring and tailored care to patients who are facing life-threatening situations. During the poliomyelitis outbreak, the notion of a specialized unit where patients are watched by highly trained staff was conceived. The Intensive Care Unit (ICU) has become an important part of the treatment of critically ill patients since then.

The transfer of seriously ill patients within and between hospitals is an unavoidable element of emergency department practice. During transfer, critically ill patients have a high risk of morbidity and fatality. The current recommendations for the transfer of critically ill patients are reviewed in this article; with a focus on retransfer stabilization, transportation hazards, and the personnel, equipment, and communications required during the transfer procedure. After weighing the risks and benefits to the patient, the decision to transfer the patient to another hospital is

made. Inter hospital transfer is indicated when a specialist investigation or intervention is required, or when ongoing assistance is not available at the referral hospital.

The lack of a properly staffed critical care bed locally, or repatriation to a local hospital, are nonclinical reasons for transfer. Inter hospital transfers are frequently made outside of the normal working hours, and the patient may be accompanied by relatively junior staff, resulting in a high rate of critical incidents. These transfers account for up to 30% of all inter hospital critical care transport, with trauma patients accounting for half of the cases. Standards and training in such transfers were emphasized more than ten years ago. The Safe Transfer and Retrieval course has addressed this to some extent, but many trainees still lack training in the transfer of critically sick patients. Emergency medicine is a medical specialty that deals with the diagnosis and treatment of illnesses and injuries that are urgent or life-threatening. Emergency physicians concentrate on making quick decisions and taking measures to avoid death or additional impairment.

Resuscitation and stabilization are their major responsibilities, followed by a comprehensive investigation to diagnose and cure ailments. However, in recent decades, primary and secondary evaluation was not two independent techniques; they were integrated into a single treatment plan, which frequently resulted in inadequate situation awareness and low-quality immediate and effective care. "Any patient who is physiologically unstable, requiring continuous and minute-to-minute adjustment of therapy according to the evolution of the diseases" characterizes critical care. This description applies to any location, making critical care a physiological rather than a geographical concept. The delivery of critical care in the emergency department has improved as the health-care landscape has changed (ED). Physiologic determinants of outcome may be established before Intensive Care Unit (ICU) admission, despite the ED's short duration in comparison to the total period of hospitalization.

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