Patient comfort in the intensive care unit: a multicentre, binational point prevalence study of analgesia, sedation and delirium management

John V Green

To the Editor: Elliot and colleagues are to be congratulated for their study on managing analgesia, sedation and delirium in the intensive care unit.[1] It is a step towards improving care in ICUs in Australia and New Zealand. The principle of treating a problem (such as hypotension or hypoxia) after measuring it is well accepted in the ICU. Following many previous studies showing benefits in measurements related to the management of pain, agitation and delirium,[2,3] Elliot and colleagues have shown that there is room for improvement in our management of these common problems. It is striking that, 13 years after the publication of the article by Kress et al showing benefit from interruption of sedative infusions,[4] there is still such a high rate of sedation and analgesia used without monitoring or without planned interruption.

Pronovost and colleagues observed that "The greatest opportunity to improve patient outcomes … will probably come not from discovering new treatments but from learning how to deliver existing effective therapies".[5] This is a large challenge facing Australasian ICUs — how to convert the findings of basic research into improved quality of care.

Two important steps have been taken towards improving the quality of care relating to delirium, analgesia and sedation. The first step was to show benefit from measurement. The second was to audit performance. We now need to change our practices to improve performance, then maintain the improvement, with repeated measurement to demonstrate these improvements.[6]

John V Green, Clinical Director, Intensive Care Unit
The Northern Hospital, Melbourne, VIC, Australia.
John.green@nh.org.au

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