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Neurointensive Care

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Neurointensive Care

In 1929 first neurological intensive care unit was created by Dr. Dandy Walker at Johns Hopkins. In 1950s Dr. Safar created the first intensive care unit in United States. In 1980s modern neurocritical care began to develop. In 2002 Neurocritical care society was founded. In 2005, Neurocritical care was recognized as a neurological subspecialty.

Neurointensive care deals with the life-threatening diseases of the nervous system, which involves in the brain, spinal cord and nerves. Common diseases treated in neurointensive care units include brain injury, strokes, ruptured aneurysms, and spinal cord injury from trauma, seizures, swelling of brain, brain infections, brain tumors, and muscles weakness required to breathe. Neurological Intensive Care is one of the newest and fastest-growing specialties in medicine today. Neuro-ICUs are unique in that they bring together specially-trained physicians and nurses and advanced technology, all focused on treating life-threatening neurological diseases.

Intensive care is a medical speciality which supports patients' lives of people in immediate danger – like when a vital organ such as the heart, liver, lungs, kidneys or the nervous system is affected, for instances like

- Cardio-vascular incidents (heart attacks or strokes): Heart attack, Acute heart failure, Shock, Strokes, Complications due to high blood pressure, Abnormal heart rhythms
- Severe Infections: Pneumonia, Meningitis, Urinary infections, Abdominal infections, Septicemia or Septic shock
- Acute Respiratory Infections: An acute exacerbation of Chronic Obstructive Pulmonary Disease (COPD), Pneumonia, Serious asthma, Pulmonary Embolism
- Neurological problems: Brain haemorrhage, acute ischaemic shock, severe head injury, paralysis, convulsion, drug overdose
- Post-Operative Care: Major surgeries like cardio-thoracic surgery, neuro surgery, organ transplant, etc.
- Complications: Cancers like leukemia, systemic diseases, polyarthritis, lupus

Neurointensive care procedures are

Hypothermia: 1/3rd to half of the people with coronary artery disease will have their heart stops. In this procedure they Lowers the patient's body temperature between 32 -34 degrees within 6 hours of arriving at the hospital doubles the patients with no significant brain damage compared to no cooling and increases the survival of patients.

Basic life support monitoring: Assessment of comatose patients, pulse oximetry, blood pressure, Electrocardiography

Neurological monitoring: Assessment of comatose patients, serial neurologic examination, neuromuscular blockade, Coma, etc.

Intracranial pressure management: Ventricular catheter is used to monitor brain oxygen and concentrations of glucose and PH.

- Neurointensive care illnesses and treatments
- Traumatic brain injury
- Stroke
- Subarachnoid haemorrhage
- Meningitis
- Encephalitis
- Acute parainfectious inflammatory encephalopathy
- Acute hemorrhagic leucoencephalitis
- Multiple sclerosis
- Autonomic neuropathy
- Spinal cord lesion
- Neuromuscular disease causes respiratory failure
- Tissue plasminogen activator

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