

Editor's note

Antonio Antón

The modern treatment of patients with acute or exacerbated respiratory failure has seen a true revolution in recent years thanks to the introduction of modern non-invasive respiratory support techniques such as non-invasive ventilation and high-flow therapy. In addition, the extension of complex surgery and the use of invasive mechanical ventilation in increasingly fragile patients have made the withdrawal of this treatment increasingly complex and prolonged, requiring an adequate location outside the Intensive Care Unit (ICU). In this context and, coinciding with the Covid-19 pandemic, the extension of Respiratory Intermediate Care Units (RICU) has been a happy reality throughout the world, demonstrating an extraordinary cost/effectiveness ratio.

Success depends on three fundamental factors: equipment and infrastructure, staff, and patient flow. In recent years we have experienced a revolution in the technological field, in the design of both respirators and high-flow therapy equipment, but also in the field of important accessories such as interfaces

and modern monitoring and telemonitoring systems, key in the success of the treatment. Modern equipment, however, is not useful if it is not used by enough personnel with extensive knowledge of both the equipment and the care of patients with respiratory failure. Finally, it is fundamental for the success of these units to have a correct selection of patients and an adequate discharge.

In this BRN-Review monograph, which coincides with the RICU-SEPAR year, an extensive review is made of the different issues related to RICU, such as its different types, the procedures performed, the flow of patients, and the challenges of the future as its use in pandemics. Today a modern Pneumology service could not be understood without its RICU.

Antonio Antón
Respiratory Service
Hospital de la Santa Creu i Sant Pau
Barcelona

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