



Atención integral por cuidados paliativos para pacientes con ventilación mecánica asistida SARS-CoV-2 severos y sus beneficios [

2023

text (article)

Analítica

Aim. This research aims to describe the population served and the benefits of the program "Guidelines for integral care for patients with severe SARS-CoV-2 by Palliative Care at the Area de Salud de Palmares " to patients with assisted mechanical ventilation, hospitalized in intensive care units of the Caja Costarricense del Seguro Social during the pandemic in Costa Rica, from June 10 to October 31, 2021.**Methods.** This study is a mixed descriptive investigation that analyzes quantitative indicators from the report on the program's application and qualitative indicators from a satisfaction survey for the users in the study period. **Results.** The program treated 13 patients, provided grief management support to the relatives of five patients who had already died and to the caregivers of eight hospitalized patients, and offered 70 medical consultations in an average period of 62 days. The average age of the patients was 55 years; twelve patients had some risk factors, and obesity and lack of a complete vaccination schedule (two doses) were the most frequent. During the program implementation, five more patients died, obtaining a mortality rate of 78%. The average treatment day for surviving patients was 135 days. Through the team's support, patients accomplished clinical recovery from respiratory and functional complications. They got independent basics activities of daily living and social reintegration in less than three months after discharge. A positive perception of the program was documented in 100% of the program's users, with changes in the level of suffering manifested by the families and the support in grief management.**Conclusion.** With the optimization of the use of existing resources in the the Caja Costarricense del Seguro Social and the social participation, this program addressed aspects not previously attended to patients who suffered severe COVID 19, such as the management of suffering and/or grief during hospitalization and upon discharge. In addition,

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Título: Atención integral por cuidados paliativos para pacientes con ventilación mecánica asistida SARS-CoV-2 severos y sus beneficios [electronic resource]

Editorial: 2023

Tipo Audiovisual: Cuidados Paliativos Infecciones por Coronavirus Intubación Intratraqueal Cuidados Críticos Palliative care Coronavirus Infections Intratracheal intubation Critical care

Documento fuente: Acta Médica Costarricense, ISSN 2215-5856, Vol. 65, Nº. 1, 2023 (Ejemplar dedicado a: Acta Médica Costarricense Enero-Marzo)9 pags

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Lengua: Spanish

Enlace a fuente de información: Acta Médica Costarricense, ISSN 2215-5856, Vol. 65, Nº. 1, 2023 (Ejemplar dedicado a: Acta Médica Costarricense Enero-Marzo)9 pags

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