

TEXTBOOK OF
POST-ICU MEDICINE
THE LEGACY OF CRITICAL CARE

重症康复医学

重症监护后的
遗留问题及康复治疗

原著	主译
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Nicholas Hart	主审
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内容提要

本书系统阐述了重症监护后的遗留问题,包括慢性器官功能障碍、认知和行为障碍、神经肌肉和肌肉骨骼疾病,并针对这些问题提出了治疗与康复策略,同时分析了损伤和修复的机制,强调家庭在疾病治疗中的特殊地位。

本书不仅为重症康复从业者提供了国际上先进的治疗与康复经验,也为重症医学科医生的工作和临床研究提供了丰富的资料。

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中文版序一

康复医学作为“四位一体”医学新概念组成部分的学科内涵,表明它们并不是医疗程序上“时间的延续”,而应当是与医疗程序“叠加”的。也就是说,不是“没有疾病或损伤时是保健医学和预防医学的事,有病或损伤时是治疗医学的事,治疗后的功能障碍或残疾是康复医学的事”。特别是对于重症、疑难、复杂和少见疾病或损伤的急性期,甚至在重症监护时,康复医学要不要介入、能不能介入这个问题,学术界一直有不同的看法。

有观点认为康复医学应当是“与后遗症或残疾相关的医学”,似乎与关注疾病急性期重症医学没有什么关系。但是,从20世纪80~90年代起,世界卫生组织(WHO)强调医学的新模式为:医学并不是单纯的“治病的科学”,而应当是“维护健康的科学”,并且为此特别在2001年发布了与“国际疾病分类”(International Classification of Disease, ICD)平行的“国际功能、残疾和健康分类”(International Classification of Functioning, Disability and Health; ICF),要求整个“医疗活动”自始至终都要围绕着“身体的结构和功能”“活动”“参与”这三项“功能”的提高来运作,即使是涉及急性期的重症、疑难、复杂和少见的疾病或损伤。这就是说:从疾病或损伤一开始,只要不影响急性期的治疗工作,就要考虑功能后果并采取积极的康复措施,才有可能真正确保功能的恢复。在发达国家,早期(甚至超早期)的康复处理早在20世纪末期,就以不同方式深入到医院各科室的临床工作中了。如急性心肌梗死患者一般经过1~2周的临床和康复处理即出院,4~6周大部分患者即恢复日常生活自理甚至恢复职业性活动;脑卒中患者绝大多数在3~5天内即开始接受康复处理,即使还是处于昏迷或植物状态。而康复处理深入到重症监护治疗病房(ICU)中也基本成为“常规”。这样的医学处理方式取得了不错的效果。近年来,这种极早开始的重症、疑难、复杂和少见疾病或损伤的康复介入在我国也开始得到认可和重视。康复处理早期深入临床科室,或大型综合医院康复医学科中设立重症康复处理单元(intensive rehabilitation care unit, IRCU),或至少是请康复医学科专科医师会诊、请康复治疗师进行床边康复处理等形式都很常见了。但是,作为大型综合医院的康复医学科或大型康复医院,如何将康复医学的工作与传统临床医学ICU的工作紧密地结合起来,仍有很多需要探讨的地方。而这不仅可能大大缩短临床科室的平均住院日,节约医疗资源,还可以大大提高患者的功能恢复速度和水平。与此同时,也大大提高康复