AER
ACTUALITÉS EN RÉANIMATION

Le syndrome post-reanimation (PICS)

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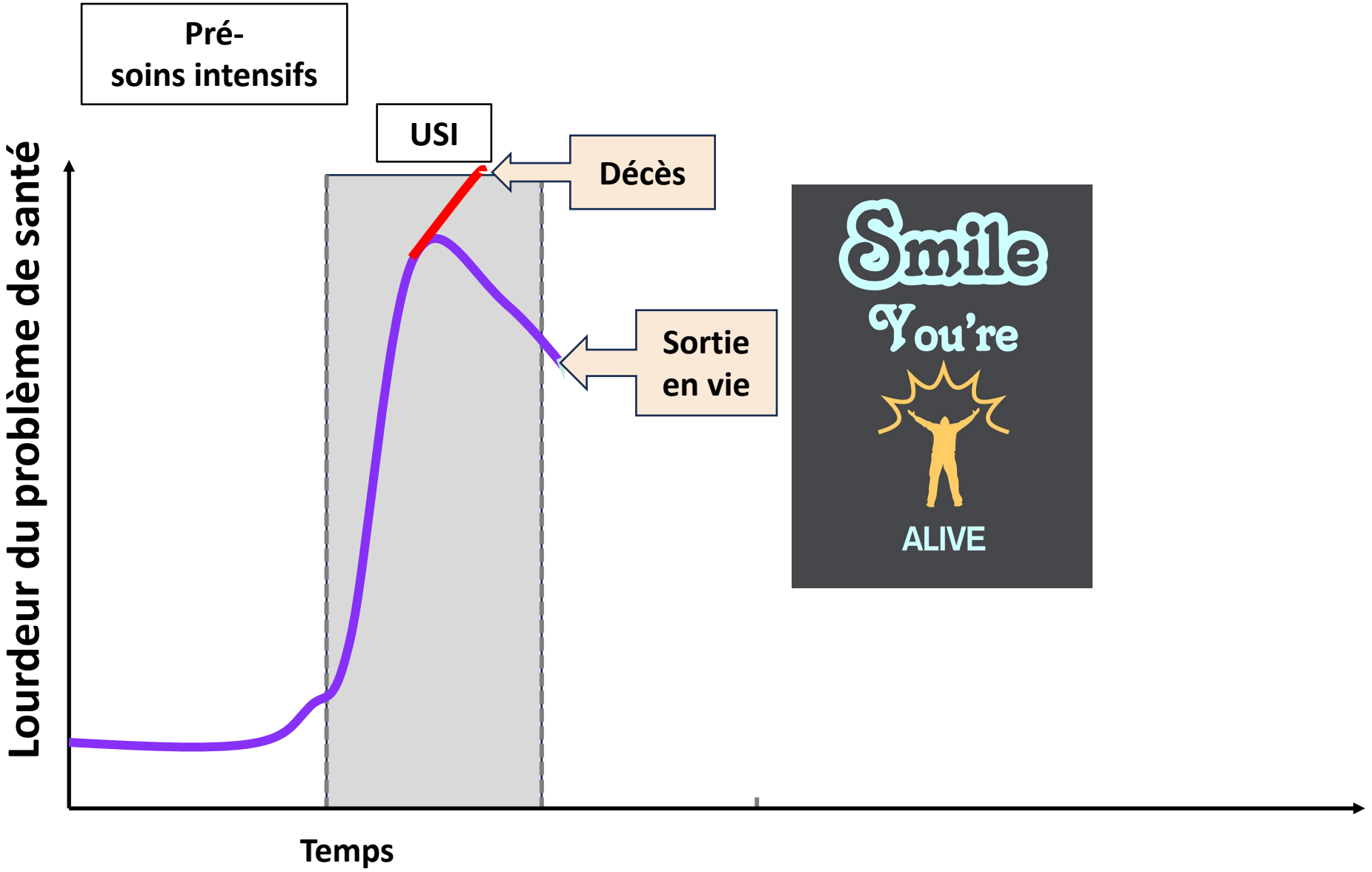
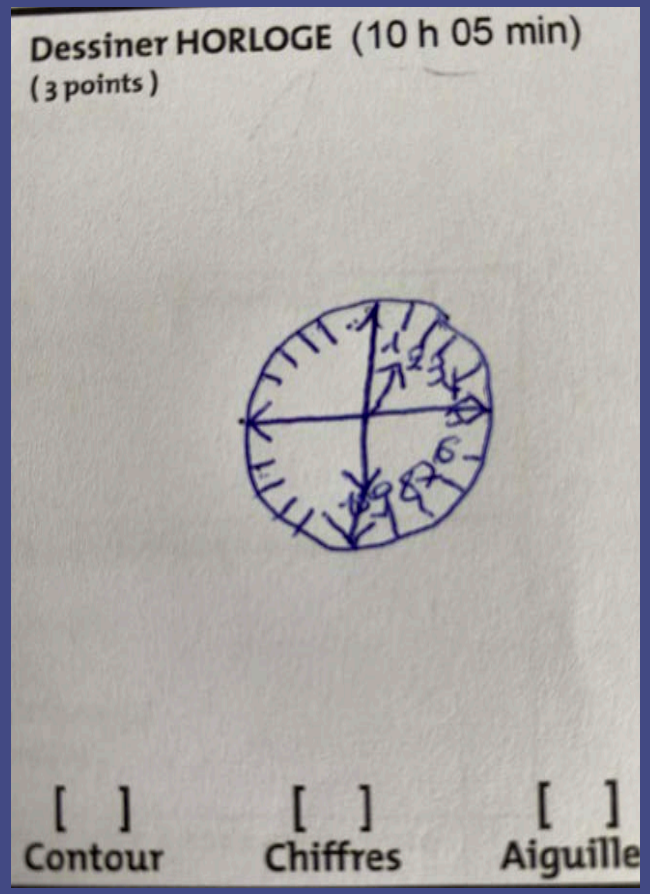
CPSI
CLINIQUEPOSTSOINSINTENSIFS

LIÈGE université Médecine


Pré-
soins intensifs
USI
Décès
Sortie
en vie
Lourdeur du problème de santé
Temps
Smile
You're
ALIVE

Mme C.D. – 2004
Je me sens encore fatiguée, mais j'ai envie de reprendre mes études.



Mr P.P. – 1974
Je n'arrive toujours pas à monter les escalier, je suis essoufflé au moindre effort, impossible de reprendre le travail.
…

Mme G.T au sujet de son mari
Il a changé, il est marqué, on ne le reconnait plus, il est irritable et très fatigué. C'est comme si j'avais à nouveau un enfant à la maison.

Mr S.G. – 1977
Quand on quitte les soins intensifs, on se sent abandonné. J'étais très anxieux …

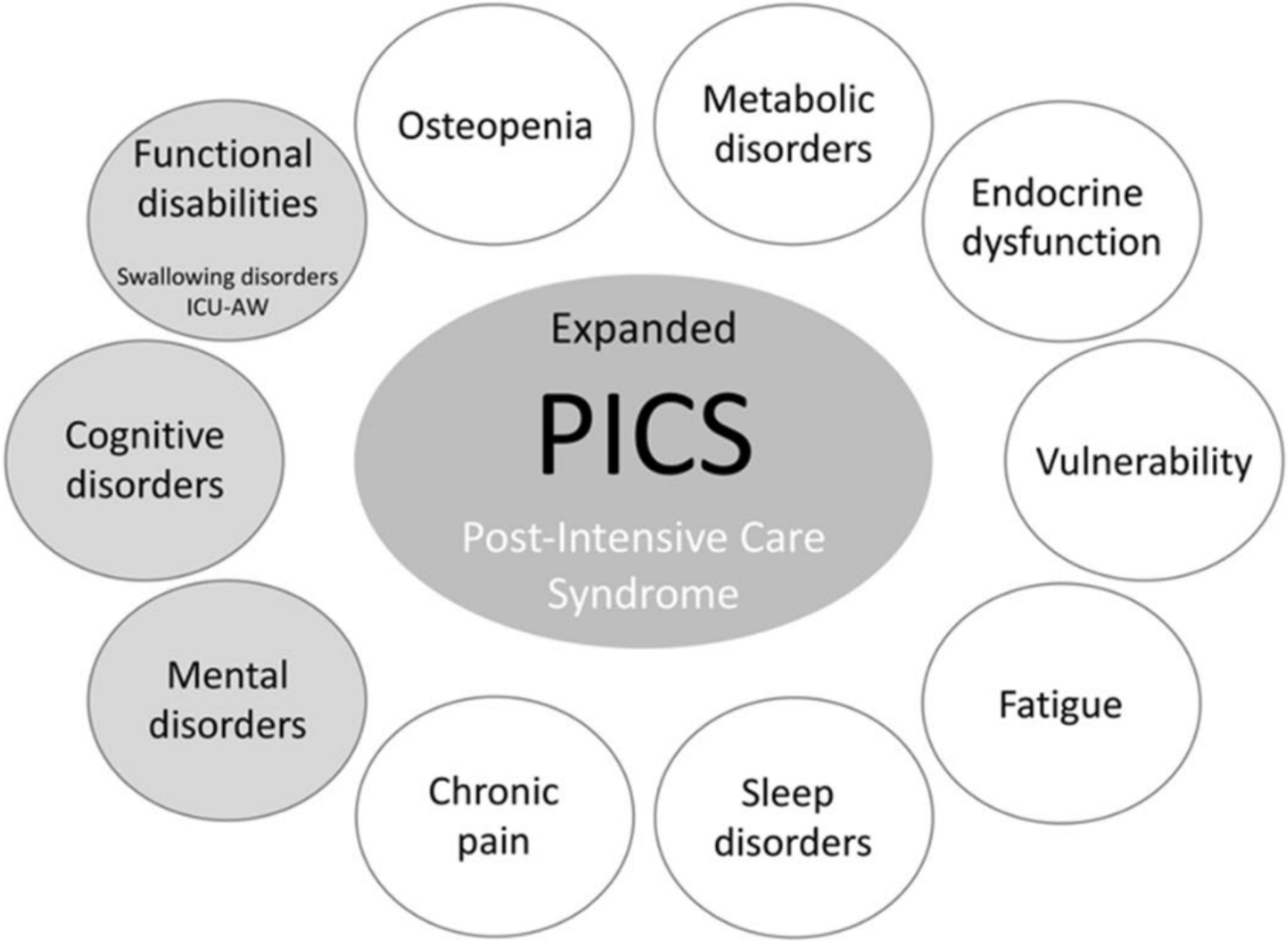
Mr G.H. - 1946
Je me suis senti perdu et impuissant, j'avais l'impression d'être infantilisé …

Melle O.M. – 1993
Une infirmière se présentait toujours par son prénom. Quand je l'entendais, je me disais que j'étais toujours en vie …

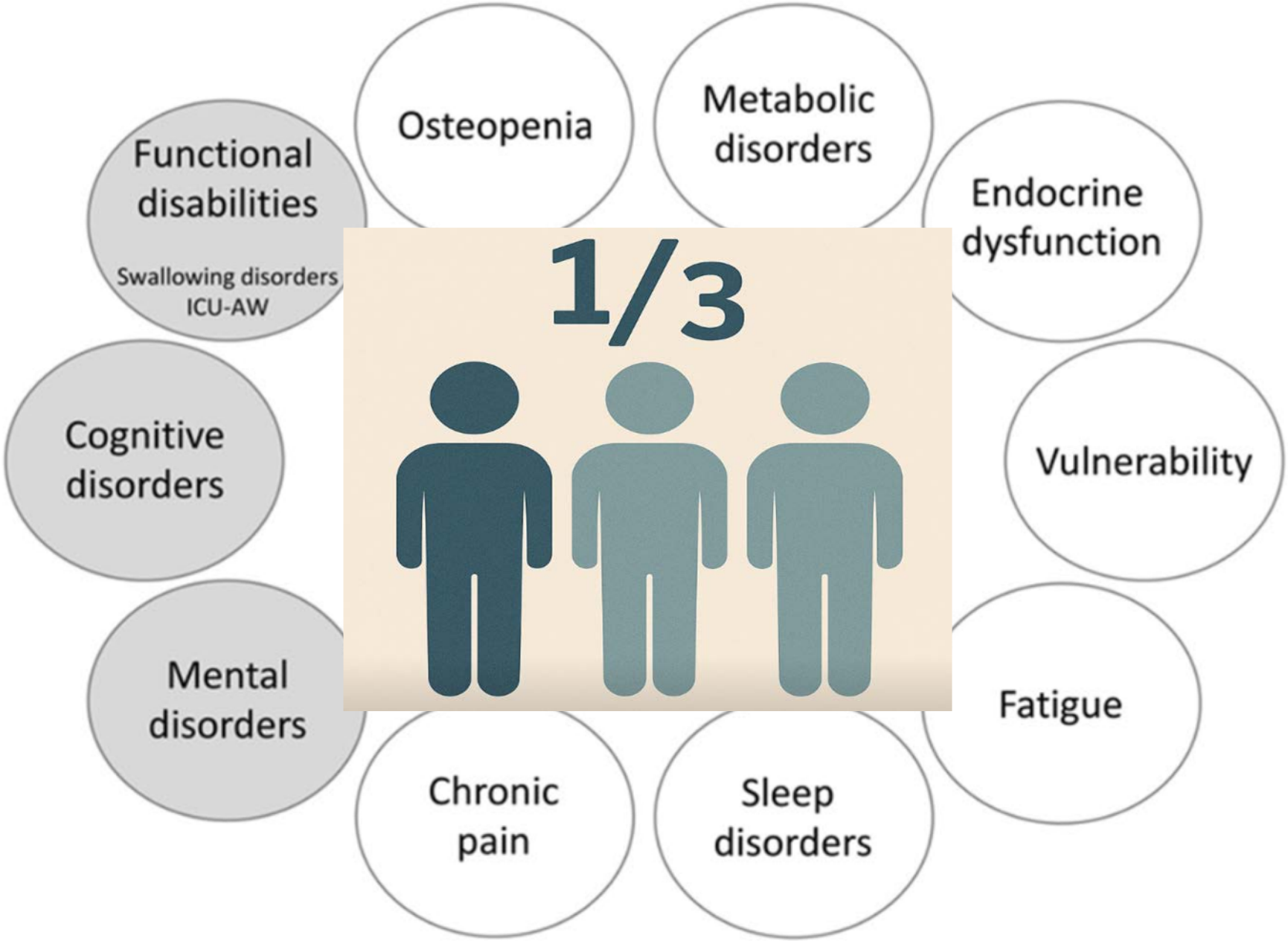
Mr P.P. – 1956
Ce qui m'a surtout aidé à garder courage, c'était de voir mes enfants …

Mme I.V. – 1968
Je voulais parler mais les mots ne sortaient pas. J'étais attachée. La seule manière que j'avais de m'exprimer, c'était de bouger encore et encore …

Mme M.T.. – 1971
J'ai parlé avec ma maman décédée, j'étais assise à côté de mes grands-parents… J'avais envie de rester auprès d'eux mais aussi de revenir près de mon mari …



Rousseau AF. et al, Crit Care 2021



Rousseau AF. et al, Crit Care 2021

Patients' opinions on outcomes following critical illness

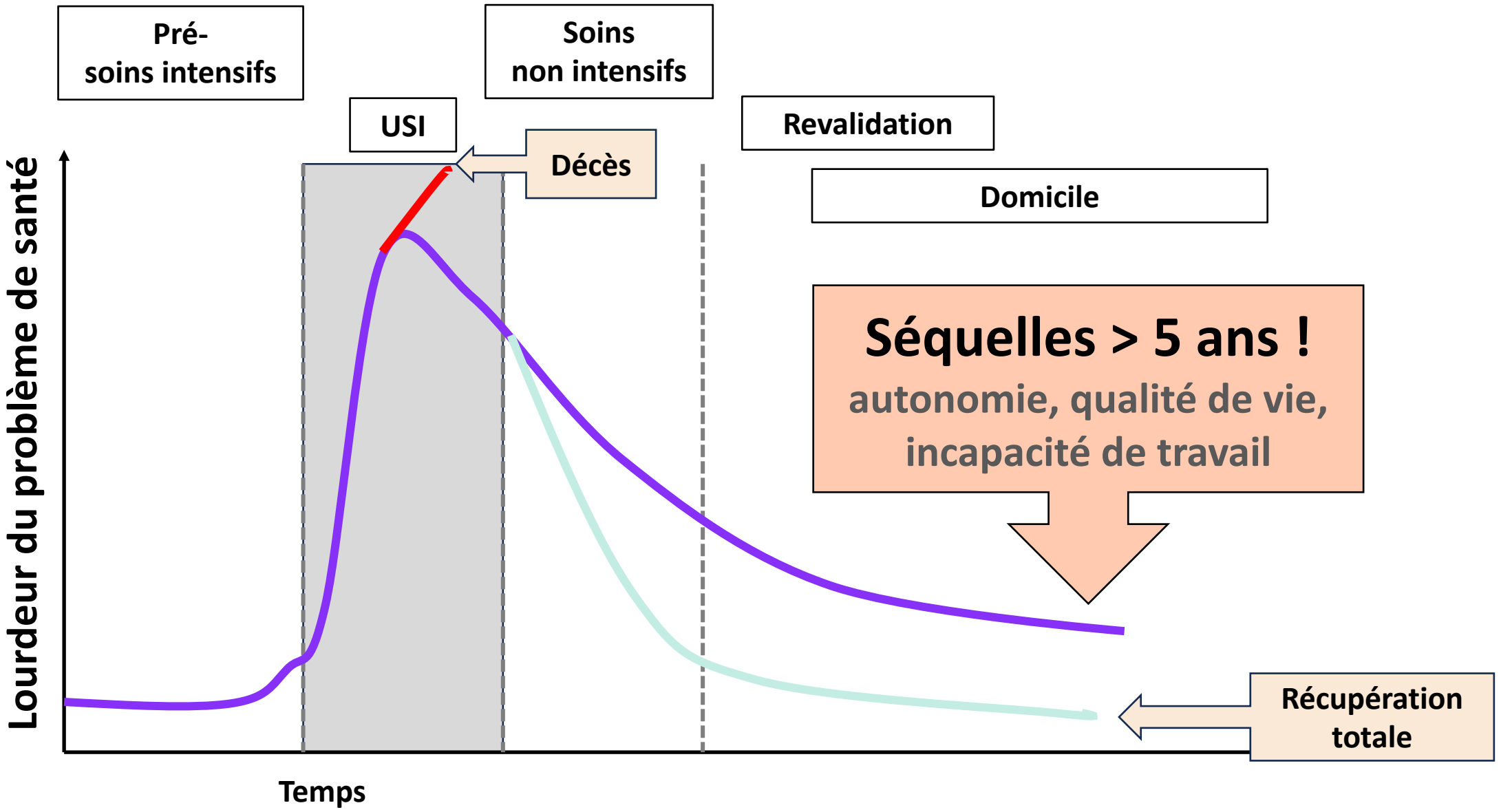
H. K. Nedergaard[1,2], T. Haberlandt[1], P. D. Reichmann[1], P. Toft[3] and H. I. Jensen[1]

[1]Department of anesthesiology and intensive care, Lillebaelt Hospital, Kolding, Denmark
[2]Institute for Clinical Research, University of Southern Denmark, Odense, Denmark
[3]Department of anesthesiology and intensive care, Odense University Hospital, Odense C, Denmark

Acta Anaesthesiologica Scandinavica **62** (2018) 531–539

Table 2 The 20 outcomes prioritized by patients,

Item	Patients, $n = 32$		
	Rating	Median	IQR
Lack of physical strength	1	4	2–7.5
Fatigue	2	5	2–8
Decreased walking distance	3	6	3–8
Shortness of breath	4	5	3–14
Difficulties in ADL	5	7	3–9
Decreased quality of life	6	7	3–10
Less independence	7	7	4–10.5
Pain	8	8	6–13
Sadness/depression	9	9.5	6.5–13
Readmission/control visits	10	12	6–17.5
Anxiety	11	12.5	4–15
Difficulties concentrating	12	13	5–14
Memory loss	13	13	5–15
Feeling isolated	14	13	8–15.5
Weight loss	15	14	8–18
Nightmares	16	14.5	10.5–17
Incontinence	17	16	7–19
Move to nursing home	18	18	16–20
Short tempered	19	19	11–20
Difficulties returning to work	20	20	19–20



Cuthbertson B. et al, Crit Care 2010
Herridge M. et al, NEJM 2011
Kamdar B. et al, Thorax 2019

Hétérogénéité de phénotype

Etat préalable

Pathologie critique
Prise en charge

Période de recuperation
Prise en charge

Suivi
Resources

Fragilité
Troubles cognitifs
Anxiété
Sexe féminin ?
Age ?

Délirium
Expérience negative
Etat fonctionnel à la sortie
Durée USI ?

Prédictible ?

Journal of Critical Care 48 (2018) 352–356

Contents lists available at ScienceDirect

Journal of Critical Care

journal homepage: www.journals.elsevier.com/journal-of-critical-care

Patients' perceptions and ICU clinicians predictions of quality of life following critical illness☆

Michael E. Detsky [a,b,c,*], Rachel Kohn [a,d,e,f], Aaron M. Delman [a], Anna E. Buehler [a], Saida A. Kent [a], Isabella V. Ciuffetelli [a], Mark E. Mikkelsen [c,f], Alison E. Turnbull [h,i,j], Michael O. Harhay [a,e,g]

Table 4
Number of ICU clinician predictions of six-month quality of life.

Predictions		Patient-reported quality of life			
		Better	Same	Worse	Total
Physician prediction	Worse	28	22	31	81
	Same	18	28	21	67
	Better	6	4	3	13
	Total	52	54	55	161
Nurse prediction	Worse	22	24	27	73
	Same	20	19	21	60
	Better	11	10	7	28
	Total	53	53	55	161

Approche individualisée

Suivi approprié

Challenges du dépistage

- Présentation variable, parfois retardée ou subtile
- PICS peu connu des collègues / des patients
- PICS oublié des transmissions
- Absence de trajet de soins établi
  - Financement
  - Guidelines internationales

Colbenson GA. et al, Breathe 2019

Outils validés et standardisés

Table 1 **Summary of instruments to diagnose post-intensive care syndrome, as defined in the princeps definition**

Domain	Assessment instrument	Advantages	Limitations
Physical function	6-min walking test	Simple to administer; evaluates functional exercise capacity.	Influenced by patient motivation and comorbidities; requires space.
	Medical Research Council (MRC) Muscle Strength Score	Quantifies muscle weakness; quick bedside assessment.	Subjective; inter-rater variability; poorly discriminating at highest scores.
	Handgrip dynamometry	Objective measure of muscle strength; portable.	May not reflect overall muscle strength.
	Pulmonary function test	Objective	Influenced by patient understanding, requires specific devices.
Autonomy	Barthel Index	Assesses basic self-care activities; simple.	Ceiling effects; does not assess higher-level functions.
	Instrumental Activities of Daily Living (IADL)	Evaluates more complex daily tasks; sensitive to functional changes.	Subjective; may be influenced by cultural factors.
Cognition	Montreal Cognitive Assessment (MoCA)	Comprehensive; detects mild cognitive impairment.	Requires training to administer; time-consuming.
	Mini-Mental State Examination (MMSE)	Widely used; assesses various cognitive domains.	Less sensitive to mild impairments; cultural and educational biases.
	Short Memory Questionnaire (SMQ)	Brief; focuses on memory-related issues.	Limited scope; may not detect nonmemory cognitive deficits.
Psychological health	Hospital Anxiety and Depression Scale (HADS)	Screens for both anxiety and depression; easy to use.	May not capture severe cases; excludes somatic symptoms.
	Impact of Event Scale-Revised (IES-R)	Assesses posttraumatic stress symptoms; validated in ICU populations.	May be influenced by current mood and sleep disorders.
	Patient Health Questionnaire-9 (PHQ-9)	Specific for depression; aligns with diagnostic criteria.	May not capture anxiety or PTSD symptoms.
Quality of life	Short Form Health Survey (SF-36)	Comprehensive; covers multiple health domains.	Lengthy; may be burdensome for critically ill patients.
	EuroQol-5 Dimension (EQ-5D)	Brief; provides utility scores for economic evaluations.	Less detailed; may not capture all aspects of health-related quality of life.
PICS	Healthy Aging Brain Care Monitor (HABC-M)	Multidomain instrument; can be remotely administered by phone; gives a total score; validated to PICS detection.	Not widely translated, may not capture all disabilities of PICS

Rousseau AF. et al, EJA 2025

Spécialiste référent

Hors de son champ d'action / d'intérêt

Médecin généraliste

Connaît le mieux le patient
Reco dédiées
MAIS …
Connaît moins bien les soins intensifs
Chronophage
Accès difficile à la multidisciplinarité

Clinique post-réa / follow-up

Aide à la prise en charge, dans un domaine très spécifique
Approche intégrée et proactive
Continuité des soins
Qualité des soins en USI
Donne du sens aux équipes USI
Recherche

Chatterjee *et al. Critical Care* (2025) 29:421
https://doi.org/10.1186/s13054-025-05634-x

Critical Care

REVIEW Open Access

Post-intensive care unit clinics: models and implementation - a systematic review

- Critères de sélection
- Timing de suivi
- Type de suivi (hôpital / distance)
- Screening (domaines / outils)
- Recrutement / Coordination
- Equipe
- Durée du suivi

Bircak-Kuchtova *et al. Critical Care* (2025) 29:351
https://doi.org/10.1186/s13054-025-05585-3

Critical Care

REVIEW Open Access

Effectiveness of targeted post-acute interventions and follow-up services for sepsis survivors: a systematic review

14 études

> 380000 patients

Suivi coordonné et rehabilitation

Meilleures capacités physiques, santé mentale, et survie

Transition

CLINICAL INVESTIGATION

Impact of a Nurse-Driven Patient Empowerment Intervention on the Reduction in Patients' Anxiety and Depression During ICU Discharge: A Randomized Clinical Trial

Cecilia Cuzco, RN, PhDc[1,2,3]

Critical Care Medicine 50(12):p 1757-1767, December 2022.

Variables	Total (*N* = 178)
Gender, female	63 (35.4)
Age, yr	60.8 ± 14.8
Educational level	
No studies	12 (6.7)
Primary	82 (46.1)
Secondary	48 (27.0)
Superior	36 (20.2)
Family presence	
Live alone	31 (17.4)
Family	137 (77.0)
Friends	10 (5.6)
Marital status	
Unmarried	32 (18.0)
Married	112 (62.9)
Couple	4 (2.2)
Widow/er	17 (9.6)
Divorced	13 (7.3)
Acute Physiology and Chronic Health Evaluation II	15.5 ± 6.4
ICU days of stay	11.9 ± 14.7

Entretien avec infirmier (état, USI, transition)
Brochure

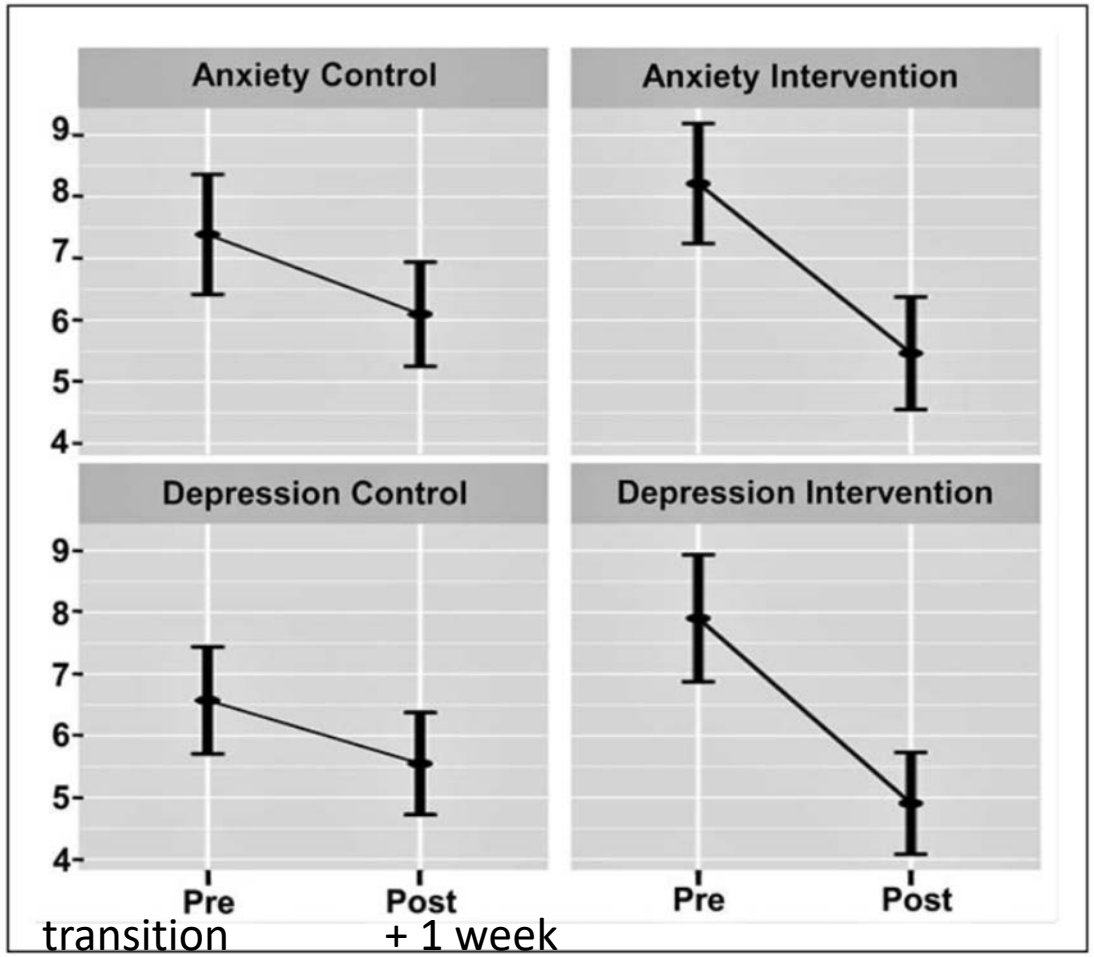
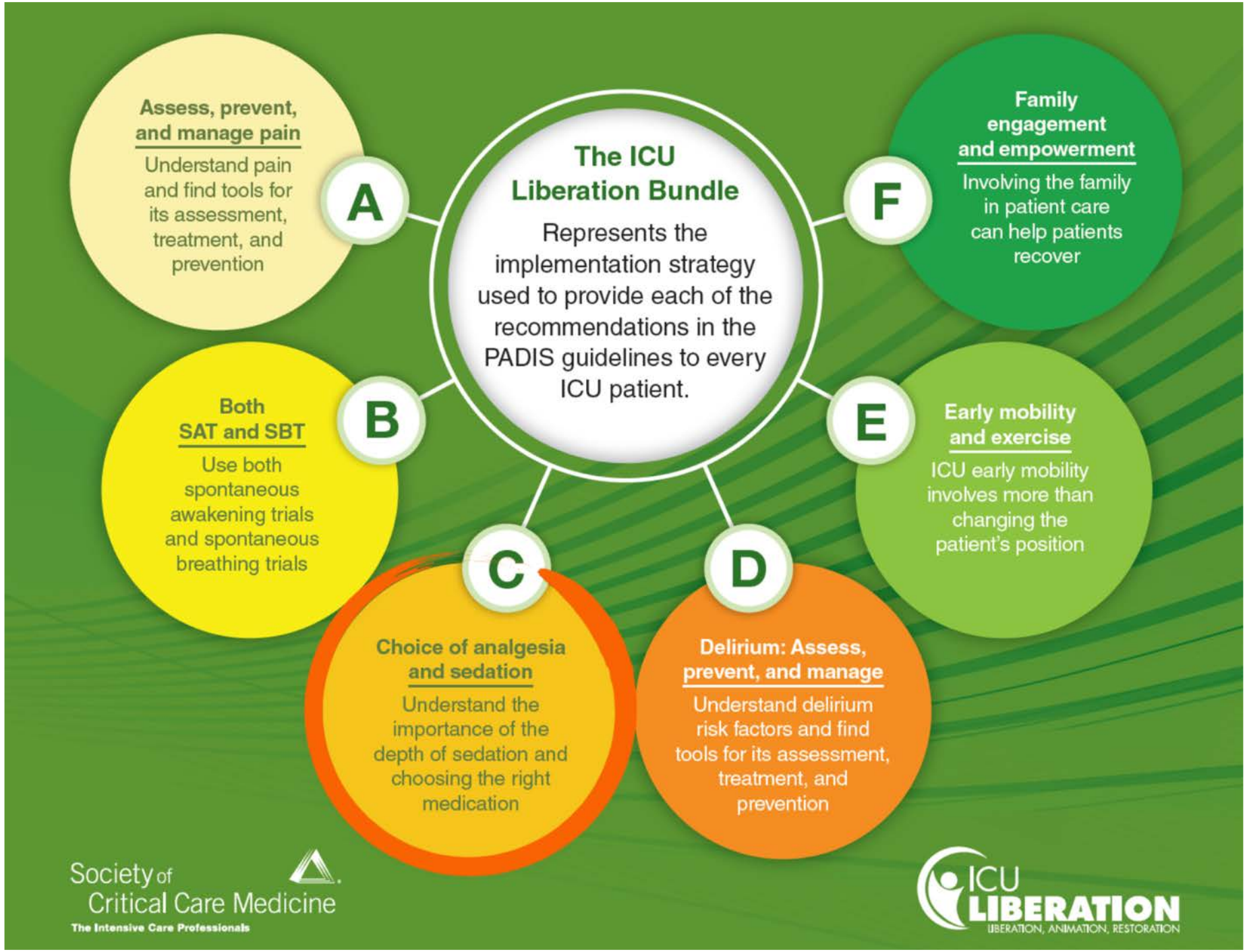


Figure 2. Levels of anxiety and depression in the intervention and control groups.

En USI

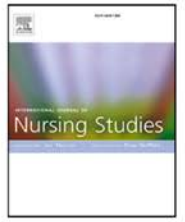

The ICU Liberation Bundle
Represents the implementation strategy used to provide each of the recommendations in the PADIS guidelines to every ICU patient.
A
Assess, prevent, and manage pain
Understand pain and find tools for its assessment, treatment, and prevention
B
Both SAT and SBT
Use both spontaneous awakening trials and spontaneous breathing trials
C
Choice of analgesia and sedation
Understand the importance of the depth of sedation and choosing the right medication
D
Delirium: Assess, prevent, and manage
Understand delirium risk factors and find tools for its assessment, treatment, and prevention
E
Early mobility and exercise
ICU early mobility involves more than changing the patient's position
F
Family engagement and empowerment
Involving the family in patient care can help patients recover
Society of Critical Care Medicine
The Intensive Care Professionals
ICU LIBERATION
LIBERATION, ANIMATION, RESTORATION

International Journal of Nursing Studies 138 (2023) 104410

Contents lists available at ScienceDirect

International Journal of Nursing Studies

journal homepage: www.elsevier.com/locate/ns



The effect of the ABCDE/ABCDEF bundle on delirium, functional outcomes, and quality of life in critically ill patients: A systematic review and meta-analysis

Kellie Sosnowski [a,b,c,*], Frances Lin [d], Wendy Chaboyer [a,c,e], Kristen Ranse [a], Aaron Heffernan [b,f,g], Marion Mitchell [a,c]

Réduction incidence / durée delirium

Peu d'evidence

Bundle rarement implémenté en entier

L I F E UP

Rousseau AF – Preiser JC, J Crit Care 2021

Calories

Dose ?

Omega 3 ?

Protéines

Dose ?

HMB ? Leucine ?

Micronutriments

Antioxydants ? Vit D?

Timing !?

Modulation métabolique ?

Bear D et al, Crit Care 2021
Gonzalez-Seguel F et al, COCNMC 2025

Rousseau AF et al, AOIC 2024
Rosseel Z et al, Crit Care 2025

Patient-centered care

Humanized care

- Empathie
- Communication
- Autonomisation
- Respect
- Confort
- Architecture

Wilson ME. et al, Crit Care 2019

Get To Know Me Board

Name Beany Dean Anderson

I like to be called Ben

Favorite

Movie Oh! God!

TV Show News Junkie - MSNBC

Book IQ of 63, So WHAT! by Ben D Anderson

Music Beatles

Sport drinking beer ha ha not for a long Time

Food

Pet

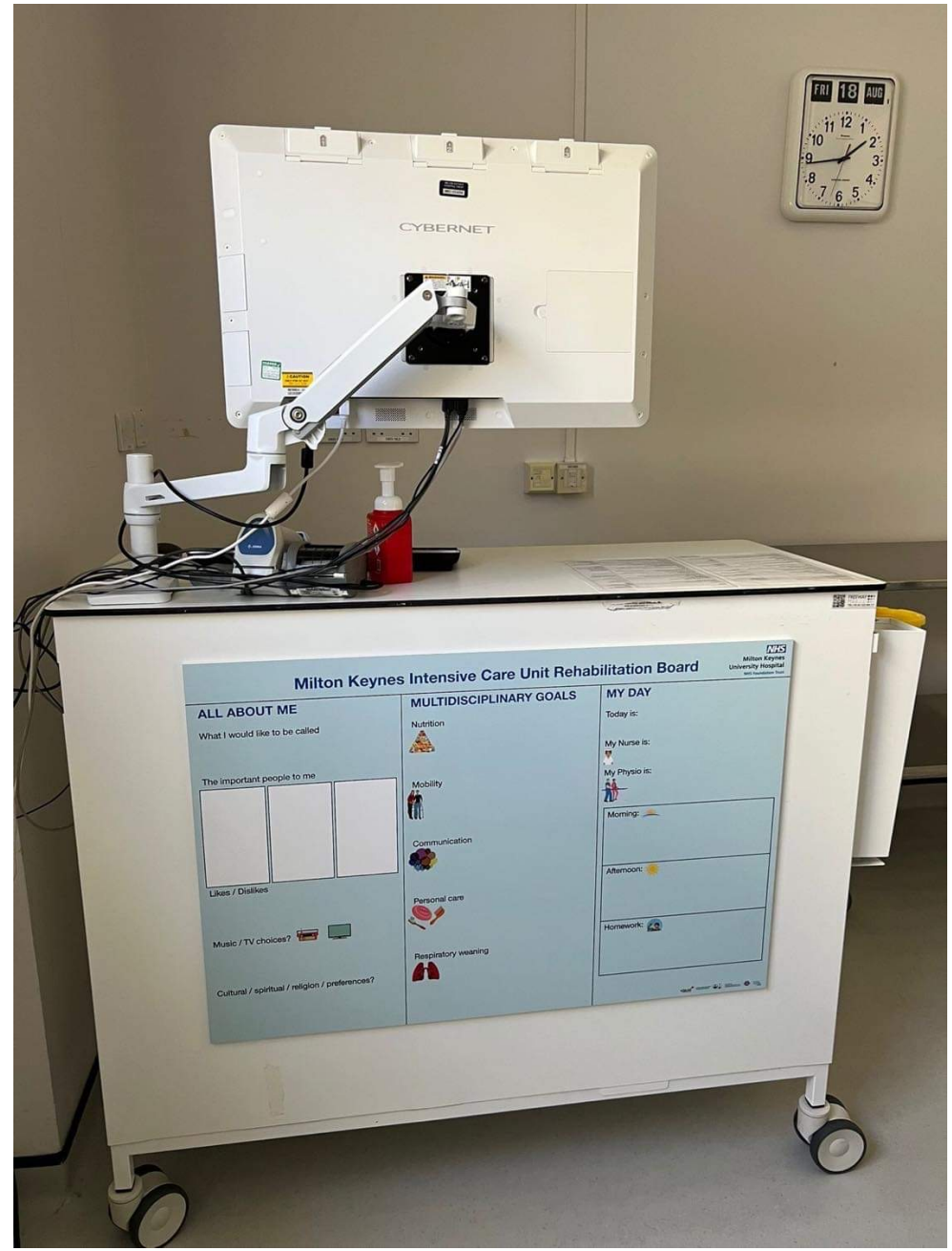
Activities/Hobbies Ben is CEO of Break Through Inc
40 years celebration. Speaker on Disabilities
website: beandanderson.com

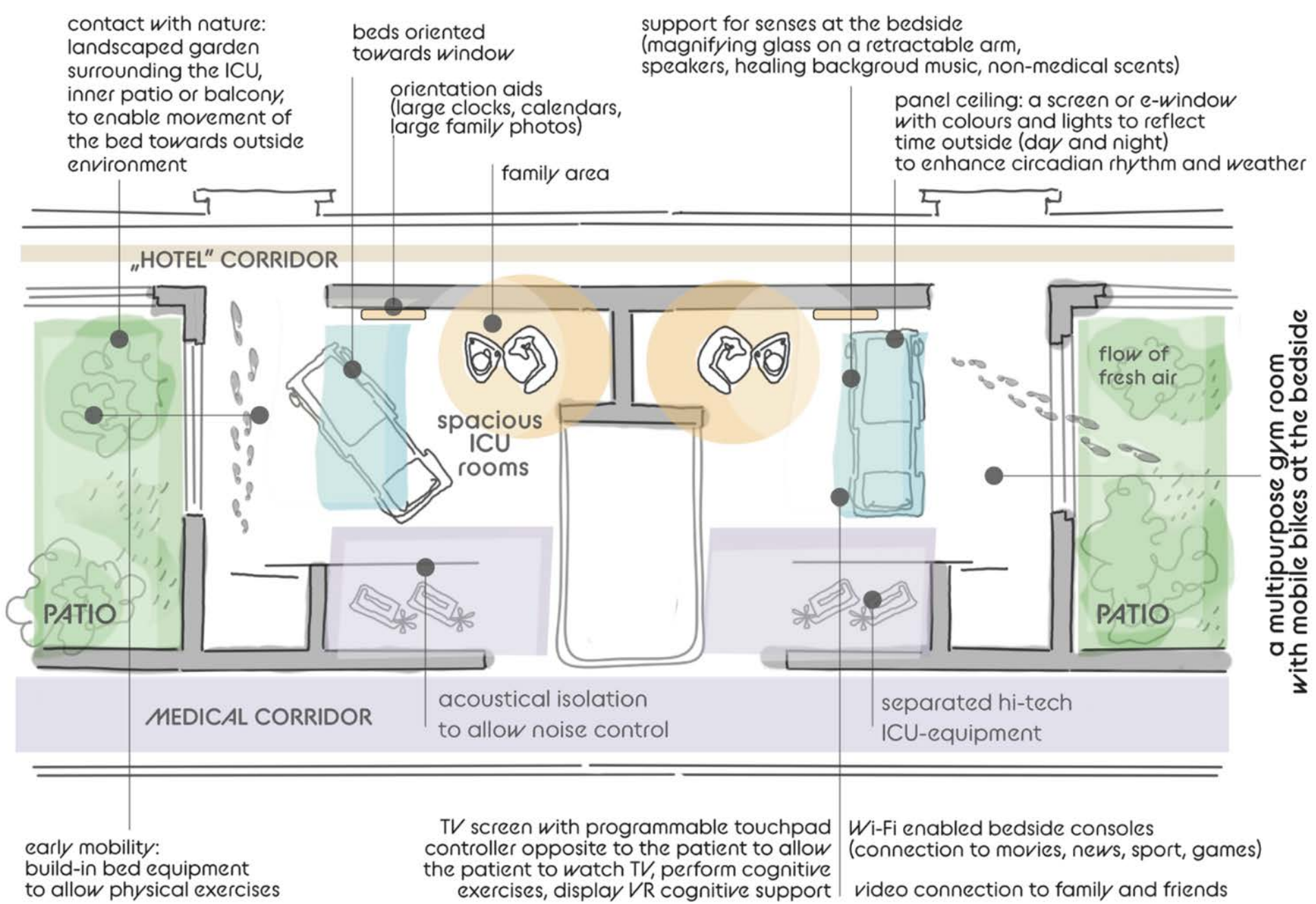
Achievements
B.S. in Vocational Rehab U-W-Stout Wisconsin 1982
magna cum laude

Things that Stress Me Out
Going to the hospital ☺ ☹

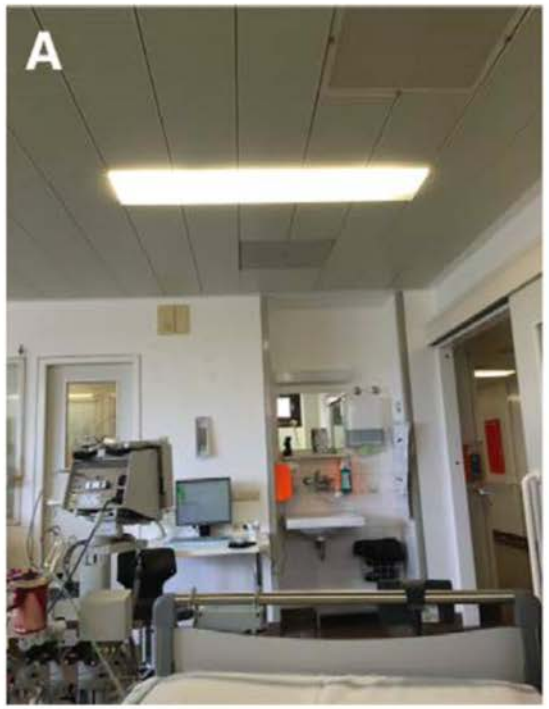
Things that Cheer Me Up
going home from the hospital ☺

Other Things I'd Like You to Know About Me
Married to Dee wife March 26 2006 wife Dee





Kotfis K. et al, Crit Care 2022



Spies C. et al, CCM 2023
Prodor S. et al, ICU Manag Pract 2025

RESEARCH ARTICLE

Impact of self-perceived discomfort in critically ill patients on the occurrence of psychiatric symptoms in post-intensive care syndrome (PICS): A prospective observational study

Romain Ronflé[1]*, Julie Hermitant[1], Christine Conti-Zolin[1], Laurent Lefebvre[1], Thibault Helbert[1], Aurélien Culver[1], Florence Molenat[1], Baptiste Borwel[2], Mohamed Boucekine[3], Pierre Kalfon[4], Marc Leone[5]*

PLOS One | https://doi.org/10.1371/journal.pone.0324099 June 6, 2025

Intensive Care Med (2019) 45:223–235
https://doi.org/10.1007/s00134-018-05511-y

ORIGINAL

Tailored multicomponent program for discomfort reduction in critically ill patients may decrease post-traumatic stress disorder in general ICU survivors at 1 year

Pierre Kalfon[1,2*], Marine Alessandrini[2], Mohamed Boucekine[2], Stéphanie Renoult[3], Marie-Agnès Geantot[4], Stéphanie Deparis-Dusautois[5], Audrey Berric[6], Olivier Collange[7], Bernard Floccard[8], Olivier Mimoz[9], Amour Julien[10], René Robert[11], Juliette Audibert[1], Anne Renault[12], Arnaud Follin[13], Didier Thevenin[14], Nathalie Revel[15], Marion Venot[16], René-Gilles Patrigeon[17], Thomas Signouret[18], Mélanie Fromentin[19], Tarek Sharshar[20], Coralie Vigne[21], Julien Pottecher[22], Quentin Levrat[23], Achille Sossou[24], Maïté Garrouste-Orgeas[25], Jean-Pierre Quenot[26], Claire Boulle[27], Elie Azoulay[16], Karine Baumstarck[2], Pascal Auquier[2] and On behalf of the IPREA-AQVAR Study Group

LIFE MAPP diary

Le journal de bord digital

Study or Subgroup	Experimental Events	Experimental Total	Control Events	Control Total	Weight	Odds Ratio M-H, Fixed, 95% CI
Garroust-Orgeas 2019	49	164	60	175	39.1%	0.82 [0.52, 1.29]
Garrouste-Orgeas 2012	10	20	25	36	8.6%	0.44 [0.14, 1.36]
Glimelius 2018	7	40	2	34	1.7%	3.39 [0.66, 17.58]
Jones 2010	8	162	21	160	19.3%	0.34 [0.15, 0.80]
Kredentser 2018	4	30	5	28	4.3%	0.71 [0.17, 2.96]
Luo 2019	6	52	10	52	8.5%	0.55 [0.18, 1.64]
Nielsen 2020	8	26	9	22	6.5%	0.64 [0.20, 2.11]
Wang 2017	5	43	6	47	4.9%	0.90 [0.25, 3.19]
Wang 2020	6	41	9	42	7.3%	0.63 [0.20, 1.96]
Total (95% CI)		578		596	100.0%	0.69 [0.51, 0.93]
Total events	103		147			

Heterogeneity: $Chi^2 = 7.72$, df = 8 (P = 0.46); $I^2 = 0\%$
Test for overall effect: Z = 2.44 (P = 0.01)

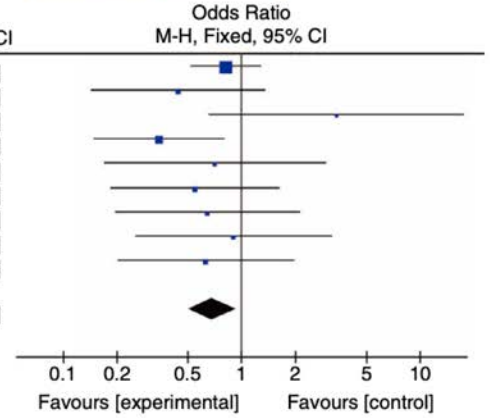


FIGURE 3 Forest map of post-traumatic stress disorder [Colour figure can be viewed at wileyonlinelibrary.com]

Study or Subgroup	Experimental Events	Experimental Total	Control Events	Control Total	Weight	Odds Ratio M-H, Random, 95% CI
Garroust-Orgeas 2019	51	164	53	175	25.5%	1.04 [0.65, 1.65]
Garrouste-Orgeas 2012	2	19	10	33	13.7%	0.27 [0.05, 1.40]
Knowles 2009	2	18	7	18	12.8%	0.20 [0.03, 1.13]
Kredentser 2018	6	30	18	28	18.0%	0.14 [0.04, 0.45]
Nielsen 2020	5	25	3	22	14.4%	1.58 [0.33, 7.56]
Wang 2017	3	43	7	47	15.6%	0.43 [0.10, 1.78]
Total (95% CI)		299		323	100.0%	0.45 [0.19, 1.06]
Total events	69		98			

Heterogeneity: $Tau^2 = 0.69$, $Chi^2 = 14.86$, df = 5 (P = 0.01); $I^2 = 66\%$
Test for overall effect: Z = 1.83 (P = 0.07)

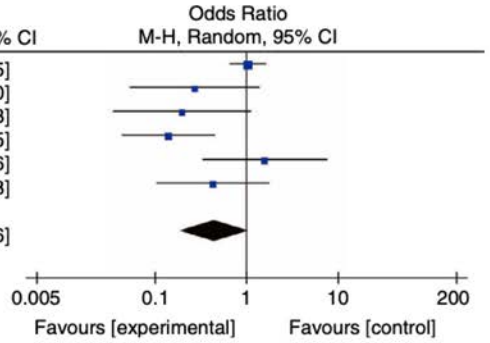
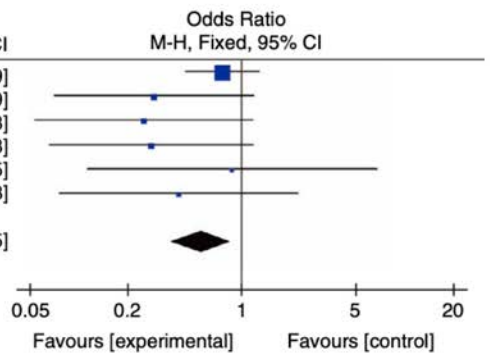


FIGURE 4 Forest map of anxiety incidence rate [Colour figure can be viewed at wileyonlinelibrary.com]

Study or Subgroup	Experimental Events	Experimental Total	Control Events	Control Total	Weight	Odds Ratio M-H, Fixed, 95% CI
Garroust-Orgeas 2019	31	164	41	175	52.9%	0.76 [0.45, 1.29]
Garrouste-Orgeas 2012	3	19	13	33	13.2%	0.29 [0.07, 1.19]
Knowles 2009	3	18	18	18	11.0%	0.25 [0.05, 1.18]
Kredentser 2018	3	30	28	28	12.3%	0.28 [0.07, 1.18]
Nielsen 2020	2	25	22	22	3.2%	0.87 [0.11, 6.75]
Wang 2017	2	43	47	47	7.5%	0.41 [0.08, 2.23]
Total (95% CI)		299		323	100.0%	0.56 [0.37, 0.85]
Total events	44		77			

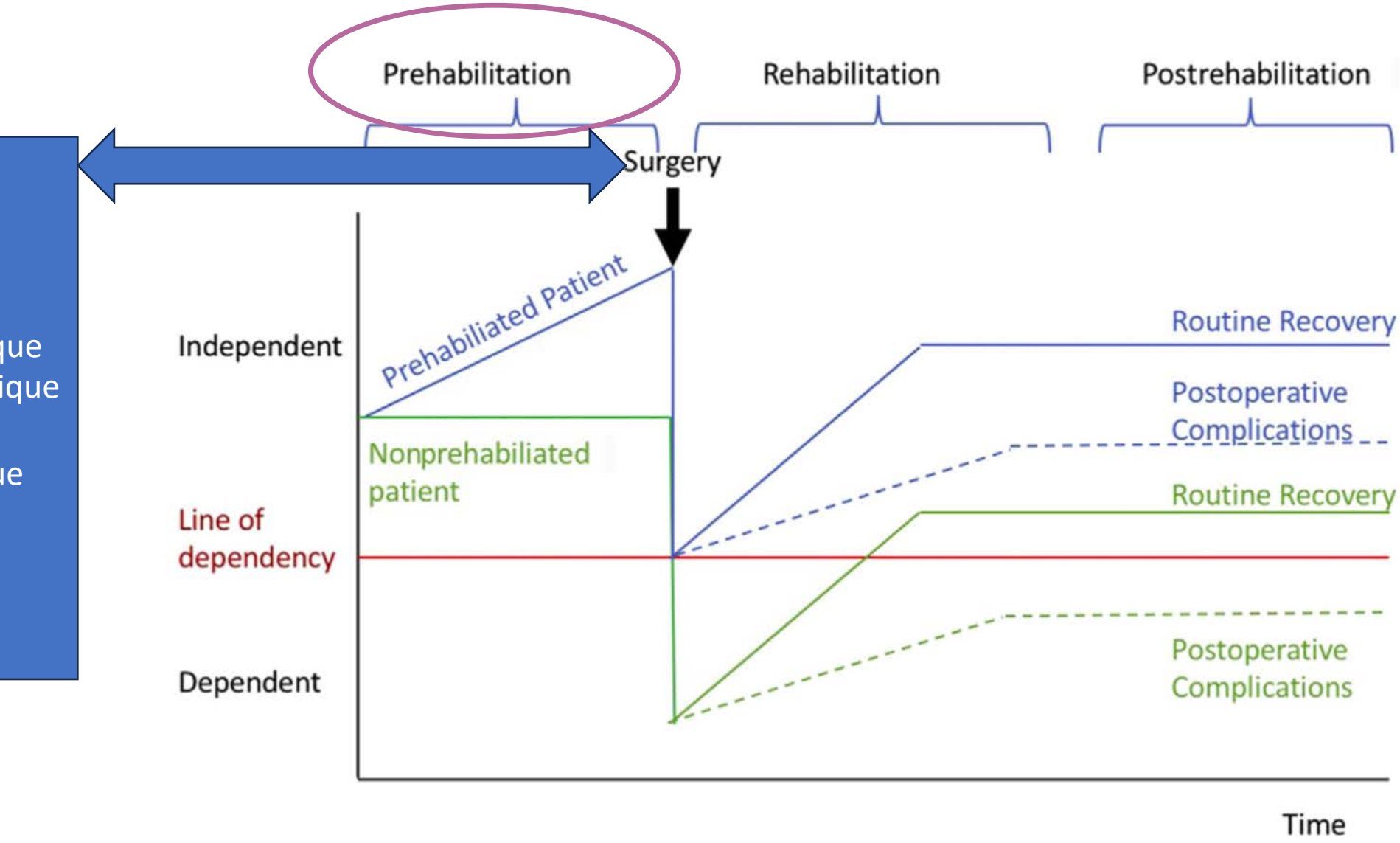
Heterogeneity: $Chi^2 = 4.41$, df = 5 (P = 0.49); $I^2 = 0\%$
Test for overall effect: Z = 2.73 (P = 0.006)



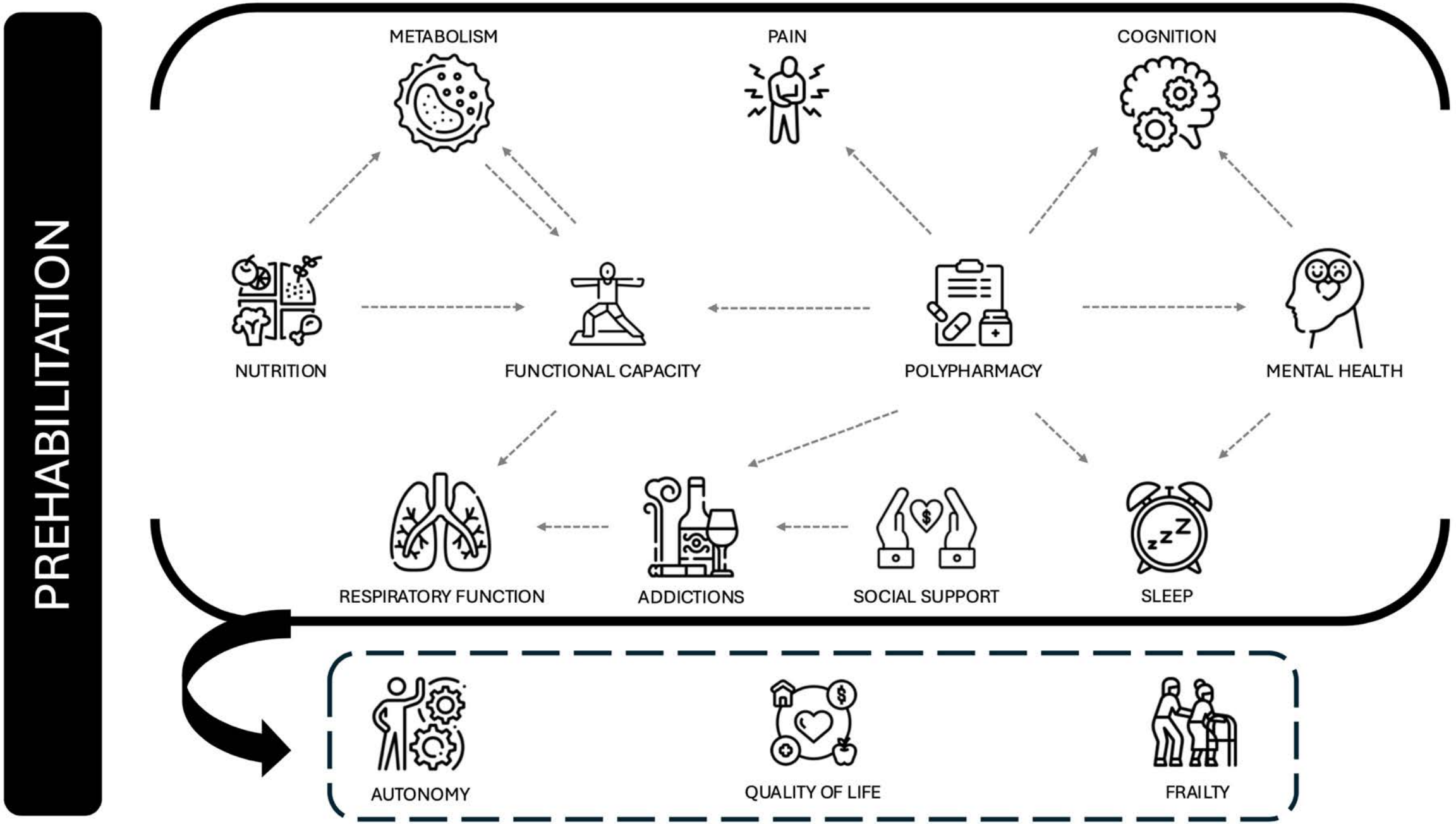
Sun X. et al, J Adv Nurs 2021

Préhabilitation

Chirurgie cardiaque
Chirurgie oncologique majeure
Greffe hépatique



Gmolenaar C. et al, Innov Surg Sci 2019
Whittle J. et al, Anesthesiology Clin 2018

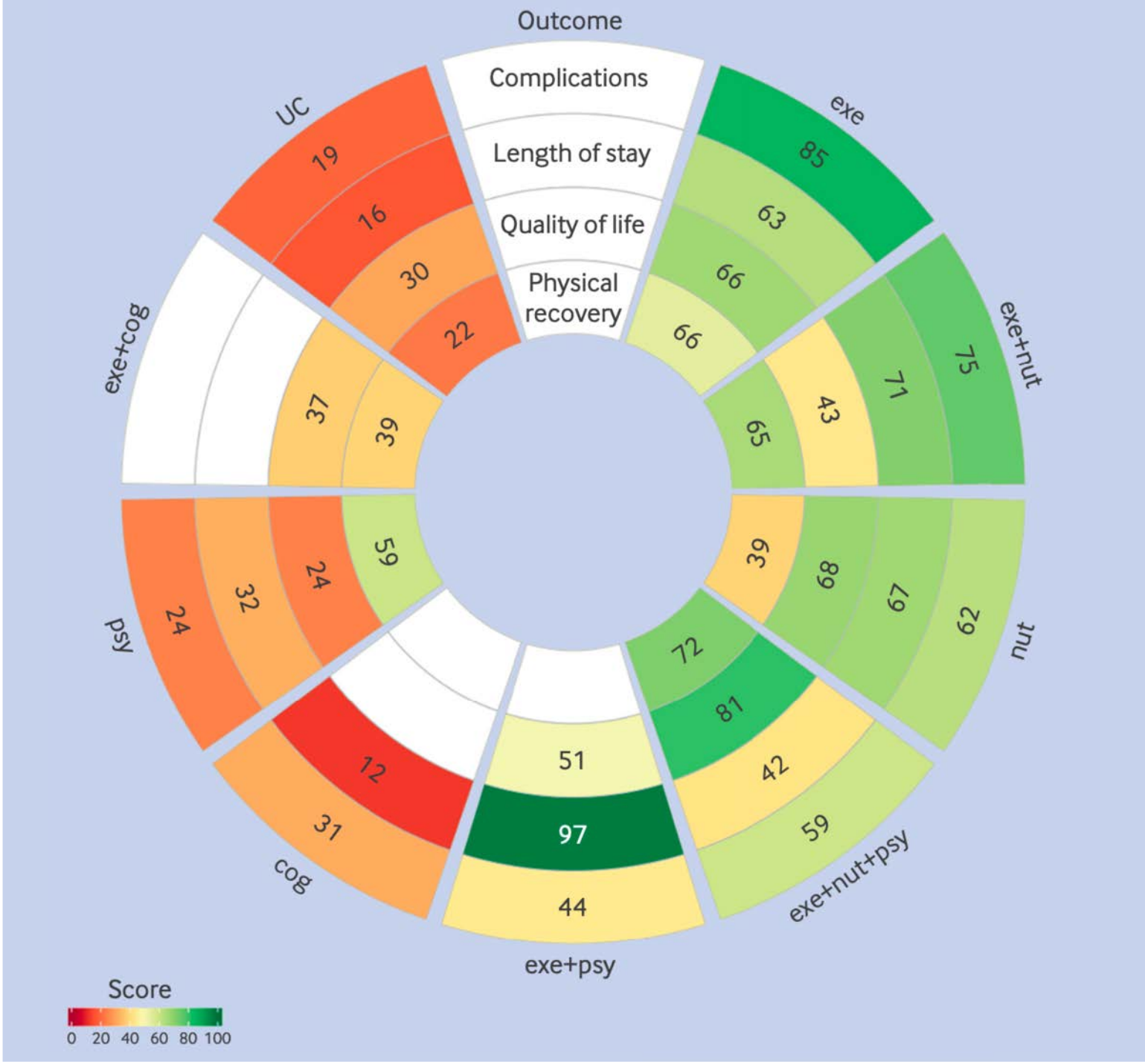


Rousseau AF. et al, EJA 2025

Relative efficacy of prehabilitation interventions and their components: systematic review with network and component network meta-analyses of randomised controlled trials

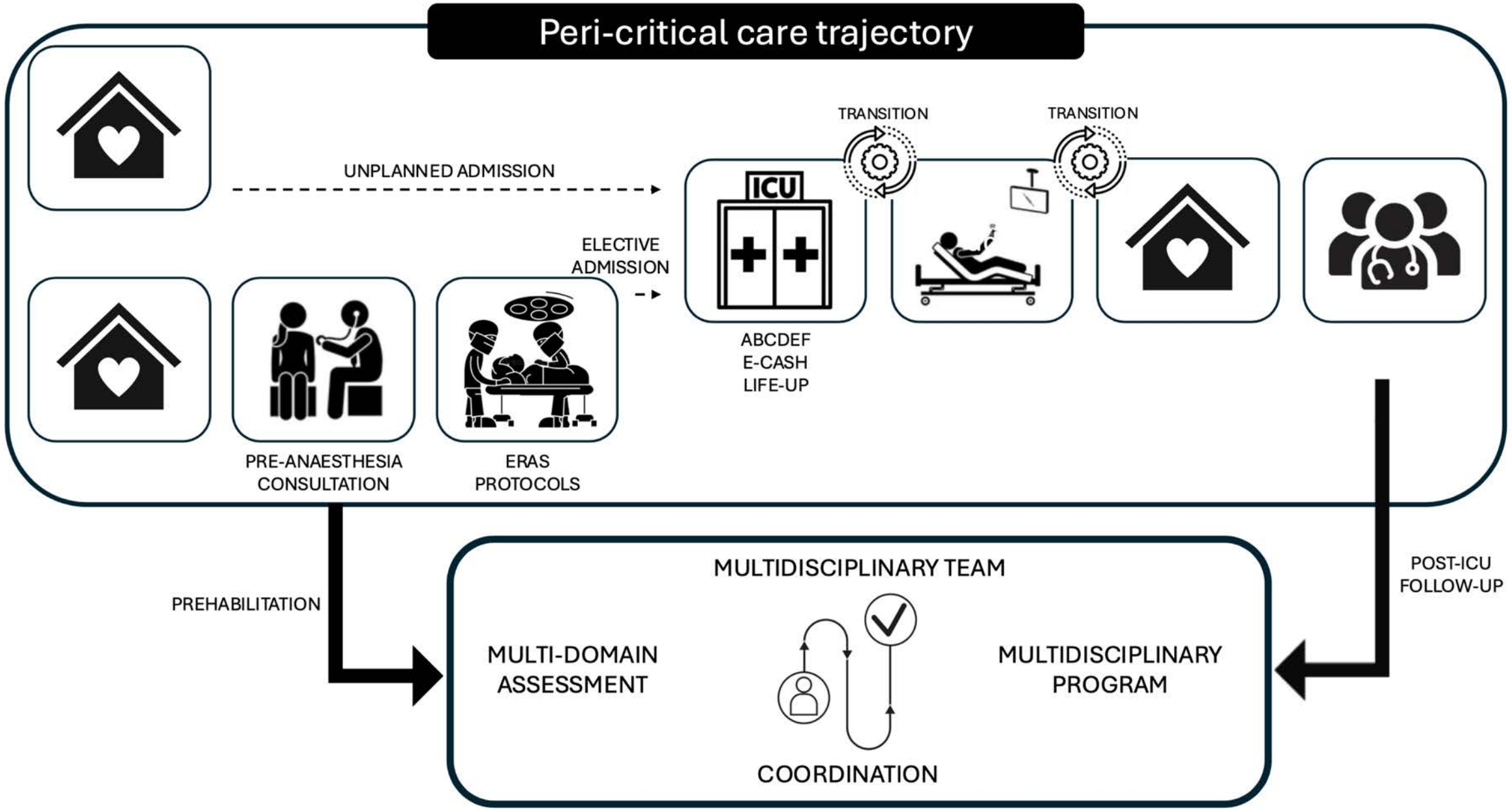
Daniel I McIsaac,[1] Gurlavine Kidd,[2] Chelsia Gillis,[3] Karina Branje,[2] Mariam Al-Bayati,[2] Adir Baxi,[2] Alexa L Grudzinski,[4] Laura Boland,[5] Areti-Angeliki Veroniki,[6] Dianna Wolfe,[2] Brian Hutton[2]

the bmj | *BMJ* 2025;388:e081164 | doi: 10.1136/bmj-2024-081164



Echelle représantant le bénéfice

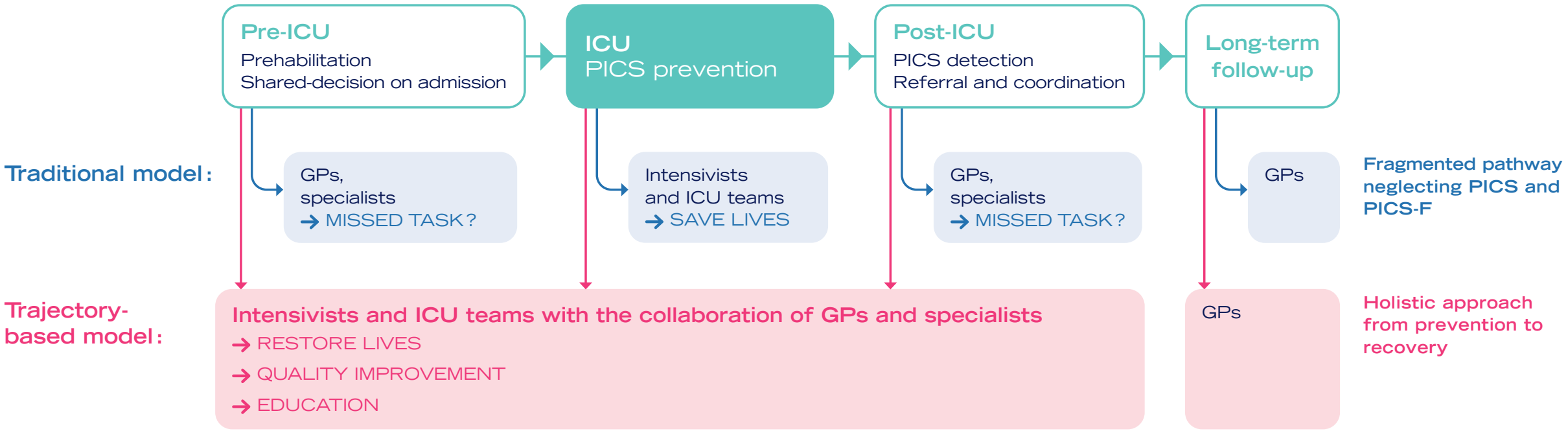
Un trajet de soins autour du PICS



Rousseau AF. et al, EJA 2025

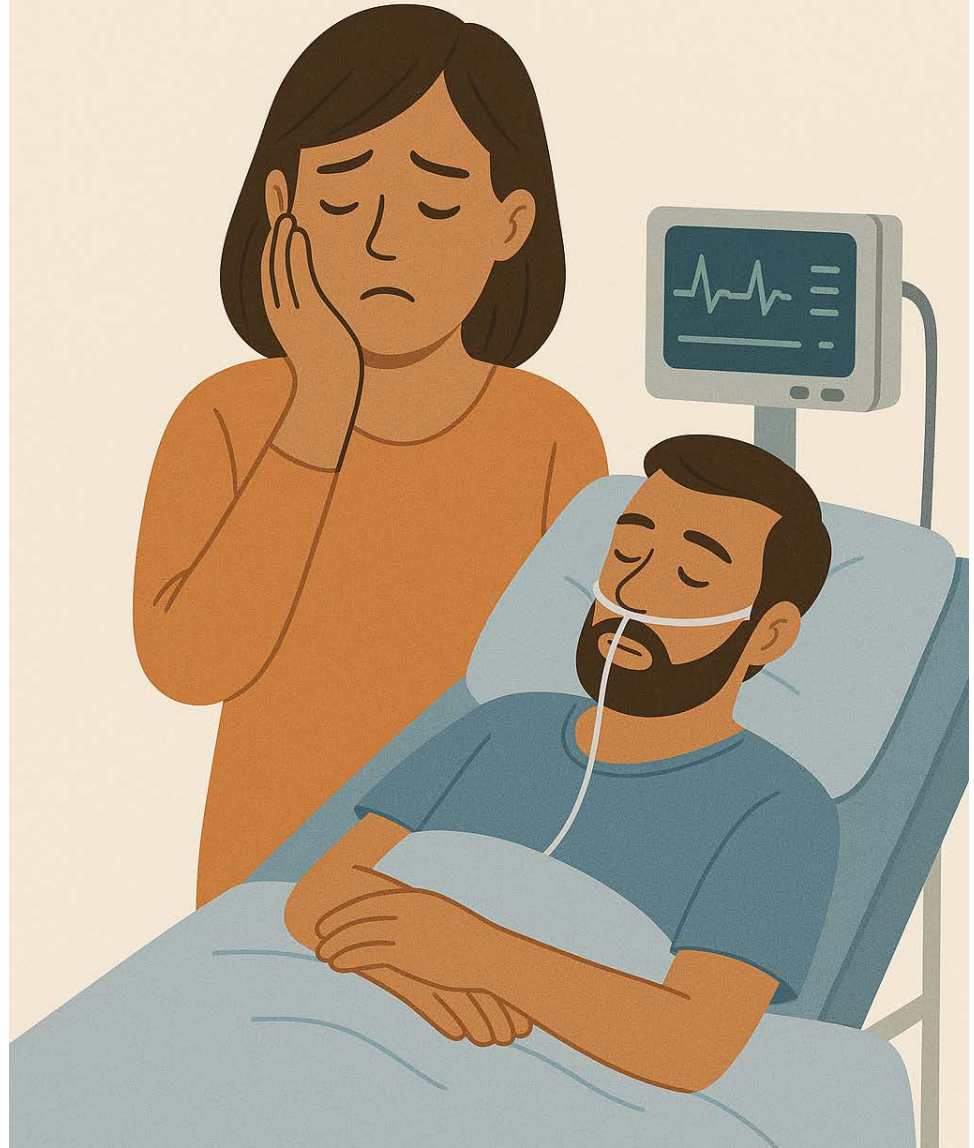
Rethinking the scope of intensive care medicine

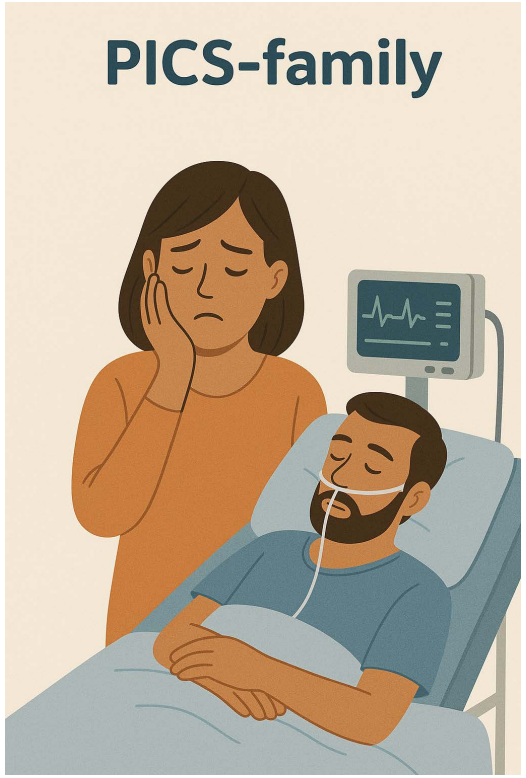
Step outside the traditional ICU walls



Rousseau AF. et al, ICM 2025

PICS-family





Anxiété
Dépression
PTSD
Troubles du sommeil

Incapacité de travail
Coûts

Azoulay E. et al, AJRCCM 2025

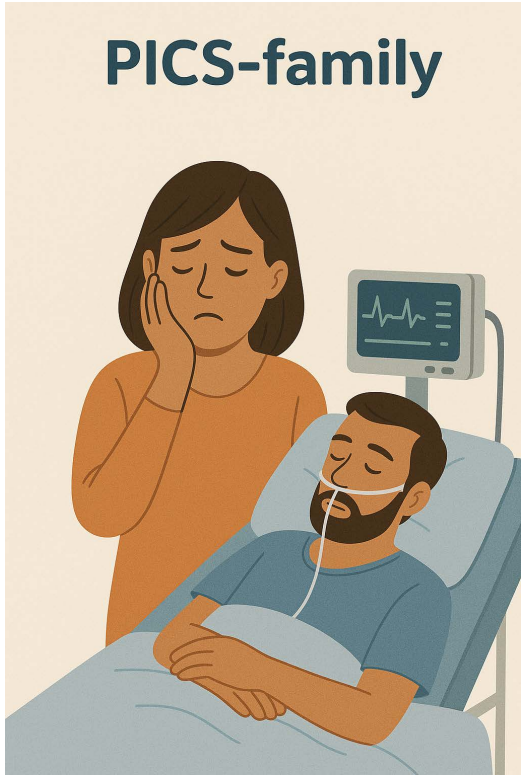
Vulnérabilité génétique

Atteintes spychologiques préalables

Addictions

Dysfonctionnements familiaux

Manque de support social



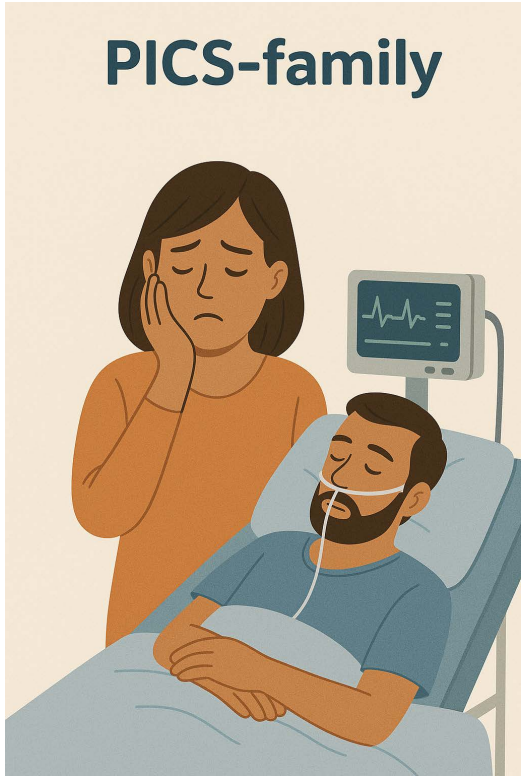
HILLY

(atteinte psychologique familiale associée aux soins)

Anxiété
Dépression
PTSD
Troubles du sommeil

Incapacité de travail
Coûts

Azoulay E. et al, AJRCCM 2025



FAMILY CENTERED CARE

Visites flexibles

Entretiens - Informations justes

Communication empathique, respectueuse

Environnement sécurisé

Décisions partagées

Implication des proches dans les soins

Journal de bord

Implication de psychologues

Smith AC et al, Crit Care Clin 2025
Davidson JE et al, CCM 2016

Intensive Care Med
https://doi.org/10.1007/s00134-024-07577-3
Published online: 22 August 2024

ORIGINAL

Long-term effects of flexible visitation in the intensive care unit on family members' mental health: 12-month results from a randomized clinical trial

Jennifer Menna Barreto de Souza[1,2*], Aline Paula Miozzo[1], Rosa da Rosa Minho dos Santos[1], Duane Mocellin[1], Gabriela Soares Rech[1], Geraldine Trott[1], Gabriel Pozza Müller Estivalete[1], Daniel Sganzerla[3], Denise de Souza[1], Regis Goulart Rosa[1] and Cassiano Teixeira[1,2]

Table 2 Twelve-month outcomes of family members of critically ill patients

	Total ($n=519$)	Flexible visitation ($n=288$)	Restrictive visitation ($n=231$)	Adjusted effect estimate[a] (95% CI)	*p* value
Post-traumatic stress symptoms					
IES-6 score mean > 1.75—*n*/total *n* (%)	126/501 (25.1)	59/281 (21)	67/220 (30.5)	0.91 (0.85;0.98)	0.01
IES-6 score—*n* assessed	501	281	220	– 1.36 (– 2.22; – 0.50)	0.002
Mean (SD)	6.97 (5.39)	6.35 (5.13)	7.76 (5.63)		
Median (IQR)	6 (2; 11)	5 (2; 10)	7 (3; 11)		
Anxiety and depression symptoms					
Anxiety subscale					
HADSa > 7—*n*/total *n* (%)	154/500 (30.8)	81/280 (28.9)	73/220 (33.2)	0.93 (0.72; 1.21)	0.59
HADSa > 10—*n*/total *n* (%)	78/500 (15.6)	43/280 (15.4)	35/220 (15.9)	0.97 (0.63; 1.49)	0.88
HADS anxiety score—*n* assessed	500	280	220	– 0.55 (– 1.16; 0.06)	0.08
Mean (SD)	6.28 (4.16)	6.02 (4.07)	6.61 (4.26)		
Median (IQR)	6 (3; 8)	5 (3; 8)	6 (4; 9)		
Depression subscale					
HADSd > 7—*n*/total *n* (%)	109/501 (21.8)	54/281 (19.2)	55/220 (25)	0.78 (0.60; 1.02)	0.07
HADSd > 10—*n*/total *n* (%)	50/501 (9.9)	23/281 (8.2)	27/220 (12.3)	0.61 (0.39; 1)	0.05
HADS depression score—*n* assessed	501	281	220	– 0.65 (– 1.17; – 0.13)	0.01
Mean (SD)	4.77 (3.81)	4.48 (3.59)	5.13 (4.05)		
Median (IQR)	4 (2; 7)	4 (2; 7)	4 (2; 7.3)		

The differing denominators indicate missing data

HADS Hospital Anxiety and Depression Scale, *ICU* intensive care unit, *IES-6* Impact of Event Scale, *IQR* interquartile range (p25;p75), *SD* standard deviation

[a] Prevalence ratio for categorical outcomes, and mean difference for continuous outcomes. The analysis was performed using generalized estimating equations adjusted by cluster, period, age, gender, previous history of anxiety or depression, and the patient's vital status at 12 months

J Crit Care 83 (2024) 154829

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Family-centered interventions and patient outcomes in the adult intensive care unit: A systematic review of randomized controlled trials

Julia Duong [a], Gary Wang, MD [b], Graham Lean, MSc [a], Douglas Slobod, MD [c], Michael Goldfarb, MD MSc [d,*]

3.1. Patient-reported outcomes

There were improvements in at least one patient-reported outcome in 10 of 16 studies (62.5%) that included patient-reported outcomes [13-22]. There were improvements in anxiety ($N = 5$; 434 participants) [13,14,16,18,21], care satisfaction ($N = 4$; 917 participants) [13,15,17,22], post-traumatic stress symptoms ($N = 3$; 470 participants) [16,20,21], depression ($N = 2$; 166 participants) [16,21], and health-related quality of life ($N = 1$; 1096 participants) [19]. Positive patient-

Azoulay *et al. Annals of Intensive Care* (2024) 14:77
https://doi.org/10.1186/s13613-024-01307-0

Annals of Intensive Care

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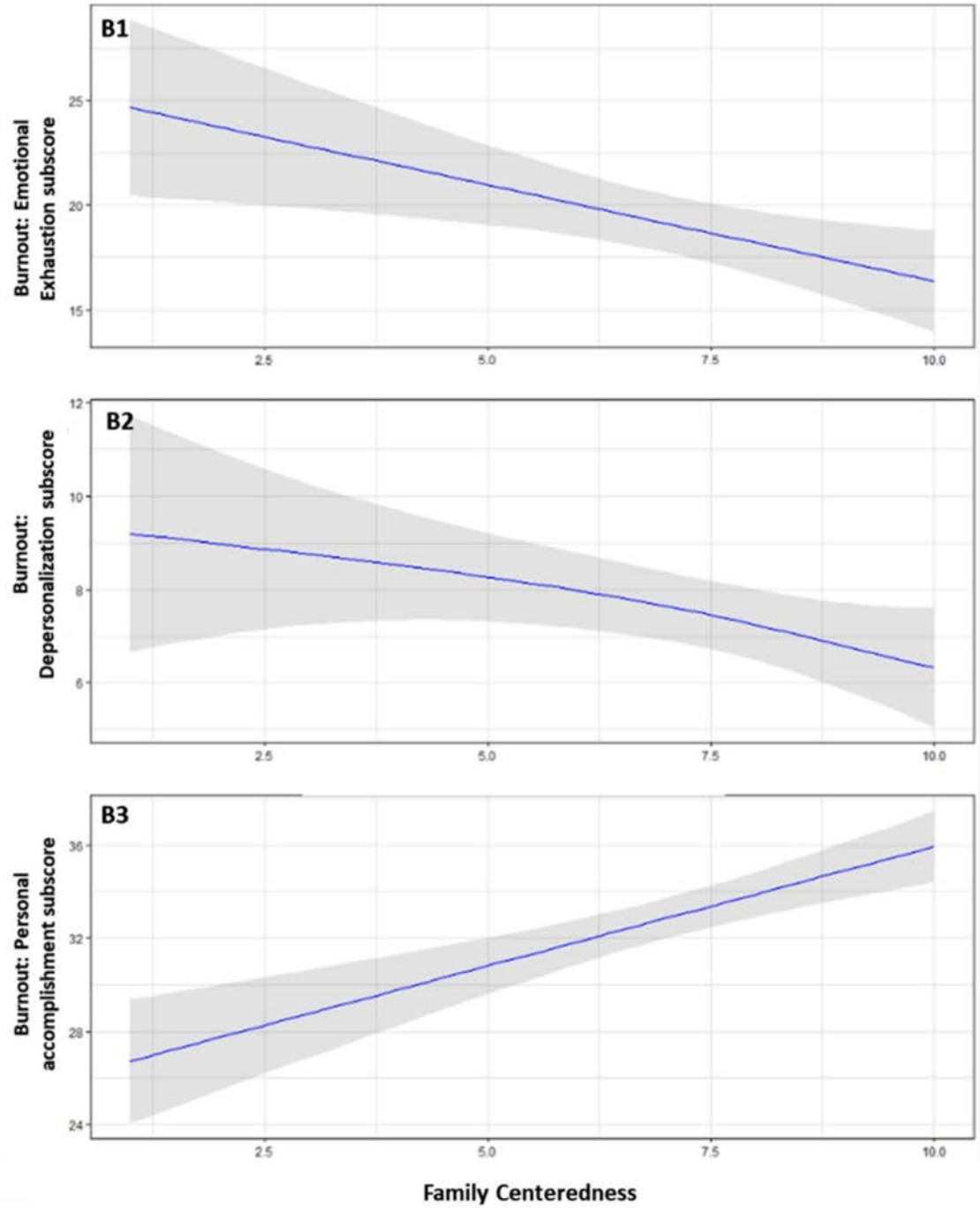
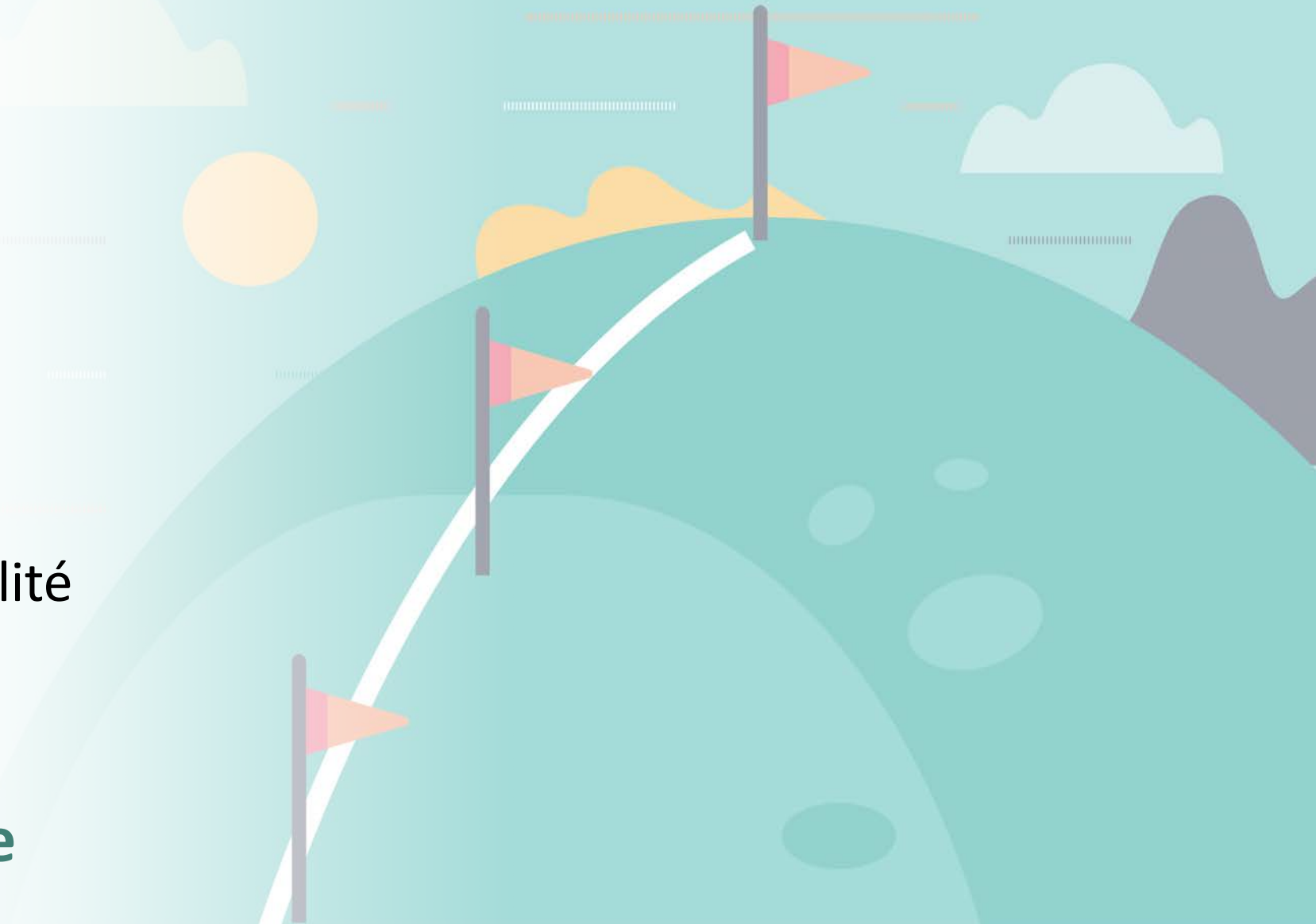
Family centeredness of care: a cross-sectional study in intensive care units part of the European society of intensive care medicine




now
IT IS TIME
TO
finish

Le syndrome post-reanimation (PICS-P et PICS-F)

- **Réalité**
- **Hétérogénéité**
  - Présentations
  - Facteurs de risques
- **Prévention**
  - Pas toujours une réalité
  - Sur mesure
- **Trajet spécifique**
- **Education nécessaire**



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Clinique post-soins
intensifs du CHU de Liège

Comment est perçu le suivi post-réa?

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