

ABSTRACT

Introduction to the issue: Stay in an intensive care unit or anaesthesiology and resuscitation department has a demonstrable effect on the quality of life, whether mental, physical, or mental. A large percentage of patients experience post intensive care syndrome. The huge challenge for nursing care is to reduce this percentage and enable patients to recover in the best possible way and return to normal life of the same quality as before the hospitalization

Methodology: The aim of this work is to find out how the quality of life of patients is affected after hospitalization in the intensive care unit or anaesthesiology and resuscitation department, with a proportion of acute renal failure and the need for continuous renal replacement. First, patients were evaluated with APACHE II score, SOFA and TISS 2. Next, questionnaires in which they responded to the period before hospitalization (SF 36, DEMMI, ADL, IADL) were filled, when released from ARO they went through the test of physical capability, (30s sit-up test, 6-minute walk test), further measurements when released from ICU took place (HADS, MAF, DEMMI, ADL, 30s sit-p test, 6-minute walk test), and after three months (SF 36, HADS, MAF, DEMMI, IADL, ADL 30s sit-up test, 6-minute walk test and a week of wearing a Garmin vivofit bracelet).

Main results: 35 patients in total participated in the study. At all of them fatigue increased, and physical fitness worsened after hospitalization at the ARO, regardless of gender. When measured after three months, at the majority came an improvement of physical fitness, but not all participants achieved the same average value as before the hospitalization. E.g. at ADL tests there was noted a 5% decrease at both sexes. Worsening was also noted at IADL tests.

Conclusion and recommendation: We recorded impairment of quality of life at all the participants after hospitalization at ARO. It is therefore important to follow the latest research and carry out interventions that will improve the quality of life and reduce the impact of hospitalization to a minimum.

Key words: post intensive care syndrome, acute renal failure, intensive care unit, quality of life, continuous kidney replacement, physical activity