



VOLUME 23
ISSUE 4

2023

Artificial Intelligence in the ICU

Towards Artificial Intelligence as a Decision Support Tool to Combat AMR in the ICU, *TD Corte, J Verhaeghe, F Ongenaes, SV Hoecke, JJ De Waele*

Why Artificial Intelligence is Not Fixing the Problem of Sepsis in the Hospital, *V Herasevich, D Diedrich, B Pickering*

Artificial Intelligence in Anaesthesia and Critical Care - Temptations and Pitfalls, *F Michard, FA Gonzalez, P Schoettker*

Transforming a PICU in the Digital Age, *AF Villalobos, EE Torné, FG Cuyàs, RC Llandrich, FXE Elías, P Garcia-Canadilla, FL Ruiz, MIN Martínez, GD Carrillo, IJ Garcia, FJC Lasaosa*

Individualisation of Mechanical Ventilation in Obstructive Lung Disease: Not All Ventilated Patients Have ARDS, *AMA Álvarez, IT Pérez, SP Martínez, FG Vidal*

The Mechanical Power as a Guide for Protective Mechanical Ventilation in Patients With and Without ARDS, *D Chiumello, G Catozzi, S Coppola*

Seven Myths of Mechanical Ventilation in Paediatric and Neonatal Patients, *DP Rojas-Flores, JN Soriano-Martínez, R Toledo-Pérez, G Montesinos-Gómez*



Jean-Louis Vincent

Editor-in-Chief
ICU Management & Practice
Professor
Department of Intensive Care
Erasme Hospital
Université libre de Bruxelles
Brussels, Belgium

JLVincent@icu-management.org

🐦@ICU_Management

Artificial Intelligence in the ICU

Artificial Intelligence (AI) is making significant strides in healthcare, and its application in critical care is no exception. AI technologies can potentially enhance patient care, improve clinical outcomes, and streamline healthcare operations in the ICU.

There are numerous ways in which AI can be effectively utilised in the ICU. AI algorithms can analyse patient data in real-time to detect subtle changes that may indicate deterioration, thus enabling timely interventions. AI can predict patient outcomes, such as the likelihood of infections, sepsis, or readmission, by analysing historical data and current patient information. AI can assist radiologists and clinicians in interpreting medical images and can facilitate the detection of abnormalities, tumours, and other critical findings. AI can optimise drug dosing regimens based on patient-specific factors and help reduce medication errors. AI can help allocate resources efficiently by predicting patient admission rates, ICU bed availability, and staffing needs. AI can help with research by automating data collection and analysis tasks and allowing researchers to focus on the clinical aspect of research findings. AI can enhance EHR systems by automating data entry, extracting valuable insights from unstructured clinical notes, and improving data integrity. AI can aid post-ICU care, monitor patients' progress, and offer personalised recommendations.

While all these uses of AI can benefit ICUs, it is also essential to ensure healthcare systems are prepared to use AI technologies properly. There should be appropriate measures to ensure patient privacy. It is also important to ensure that AI systems are used as decision-support tools rather than replacements for clinical judgment. Also, critical care providers need training and education to utilise AI technologies effectively.

AI has the potential to revolutionise the ICU by improving patient care, reducing costs, and enhancing the efficiency of healthcare delivery. However, careful planning, regulation, and ethical considerations are essential to ensure its effective implementation.

In this issue, our contributors discuss the benefits of AI and technology and how advanced tools and systems can enable critical care clinicians to manage the complex demands of care, have access to insightful data, streamline workflows, reduce workload and give more time to patients.

As always, if you would like to get in touch, please email JLVincent@icu-management.org.

Jean-Louis Vincent