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Symposium
Introduction

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Uncommon Conditions in Today's ICUs

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When the topic for this issue's symposium series was first conceived, coronavirus disease 2019 (COVID-19) was not known to exist. Did the disease already exist in some remote part of the world? We will never know. The focus of this series was intended to be on patients with diseases and conditions seen infrequently in acute and critical care settings, yet when they are admitted to the hospital, these conditions can greatly impact care whether as a primary reason for admission or as a comorbidity.

Then the COVID-19 pandemic arrived. And this disease also seemed to fit the intent of the series, as it is a novel disease with unique characteristics that have significant implications for how care is provided. On the basis of our current collective, global knowledge, Munro and colleagues have written an informative article that reminds us how viruses in general function and how this particular coronavirus results in a distinctive disease. Although there is still little definitively known about COVID-19, the authors describe the supportive treatments currently being used. It is imperative for us to continually stay abreast of the ongoing developments regarding COVID-19; this article provides readers with foundational information that will help us put evolving scientific information into context. Munro and colleagues do not limit their discussion to only the physical aspects of this debilitating and devastating disease; they also address the psychological consequences of COVID-19 for patients and families as well as for the heroic nurses and providers caring for these patients. It is a needed reminder for all of us to practice self-care and be accepting of supportive care from others. There are lessons to be learned to assist in future emerging novel viruses and diseases.

Although COVID-19 has undeniably consumed and permanently altered our professional and personal lives since it was first identified, patients with other diseases still need our critical care expertise. Hanson and Bettencourt provide an in-depth update on the care of patients with Stevens Johnson syndrome and toxic epidermis necrolysis. Depending on the extent of the patient's skin involvement, these conditions are minimally painful and can lead to lifelong sequelae; at the worst, they can be life-threatening. The authors provide useful information to assist in providing care for these patients, particularly when there is limited access to specialized burn or skin care expertise.

Systemic lupus erythematosus (SLE) may not be an uncommon disease condition, but the article by Gasser and Schell-Chaple brings to our attention that SLE has become the most common autoimmune disease to require critical care.

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Patients with SLE can develop chronic organ dysfunction and can present emergently to the hospital for life-threatening organ failure from a flare or with initial presentation of the disease. The authors describe the pathophysiologic immunology changes believed to be at the core of the disease as well as the wide-ranging clinical presentations that can affect nursing care, even when SLE is present as a comorbidity.

We close the series with an update on a disease that had similar beginnings to COVID-19. HIV was first identified 40 years ago via a cluster of cases with devastating symptoms; contact tracing was used to identify those at risk for contracting the virus, and people with HIV carried social stigma. In the past 4 decades, we have evolved from consistently seeing patients with HIV in the intensive care unit with high mortality rates to seeing a disease that now can be chronically well managed; persons living with HIV can approach life expectancy rates of the general population. Graham and Makic present the latest information about HIV; they remind us, however, that along with this increased life expectancy comes comorbidities with unique considerations that significantly impact outcomes for this population. Persons living with HIV are particularly dependent on medication regimens that, when interrupted, can have significant long-term sequelae related to keeping HIV under control. The authors highlight the important role acute and critical care nurses play in assuring HIV regimens of care are not put aside in deference to critical care treatments. Ensuring maintenance regimens is essential to avoid long-term, life-limiting complications in this population.

Although it was not the original intent, in the end this collection of articles resulted in a focus on diseases related to the function of the immune system. The immune system is known to be complex and intricate, and it remains mysterious in many ways; however, its function is vital for critically ill patients and is increasingly shown to affect routine organ function and instigate responses to physiologic and environmental triggers. We hope this series will refresh and update readers' knowledge on some diseases that, while commonly known, can be infrequently seen in the acute care setting. We hope also to provide foundational information on a novel infectious disease.