

Social Media Enabling Tele-ICU Services in Syria



Free social media apps, such as WhatsApp and Viber, have enabled U.S. clinicians to provide tele-ICU services to critical care nurses in Syria. “Social media applications that many people in the West regard as something frivolous that teenagers use can be easily adapted for creating a life-saving international network that can deliver care where it is too dangerous to be present on site,” said [Craig Weinert](#), MD, associate professor of medicine in the Division of Pulmonary, Allergy, Critical Care and Sleep Medicine at the University of Minnesota Medical School. Weinert and [Anas Moughrabieh](#), MD, fellow in the Pulmonary and Critical Care Fellowship Training Program at the University of Minnesota, detail their tele-ICU services in a paper published in the *Annals of the American Thoracic Society*.

See Also: [Critical Care in Syria, Grim Reality](#)

Dr. Moughrabieh was keen to act after viewing CPR being performed inadequately on an injured civilian on a YouTube video of a street scene in Homs, Syria. He recruited volunteer Arabic-speaking clinicians based in North America to develop and staff the programme. They trained ICU nurses working in conflict areas in Syria to use technology, including Viber, WhatsApp and Google applications to communicate and take medical orders from clinicians in the U.S. They also use inexpensive video cameras. The programme has been delivered at minimal cost (c. US\$1,000 a year), which mostly covers satellite internet costs, with funding from humanitarian organisations such as the [Syrian American Medical Society](#).

The Syria Tele-ICU Program currently comprises around 20 intensivists who provide clinical decision support 24 hours per day. A cloud-based electronic medical record is used for physician documentation and a medication administration record for nurses.

The researchers believe that programmes like theirs may be feasible in other regions at war, if conditions allow.

Source: [American Thoracic Society](#)
Image credit: Dr. Anas Moughrabieh

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