

The intensive care unit (ICU) is a service for patients with concerning symptoms such as multiple organ failure or chronic conditions requiring management. It is characterized by its use of technologies that support failing organs. While the ICU has been integral for patients who suffer from organ failure and require around-the-clock attention from practitioners, it ultimately can do more harm than good when misused. In hopes of identifying the effects of inappropriate admission, chronic illness, and lower socioeconomic status on health outcomes and determining the correlation between these subjects, a review of literature was performed. Substantial evidence suggests that without concrete guidelines, inappropriate admission to the ICU can have potentially devastating effects on patient health, including but not limited to increased mortality, poor mental health outcomes, and extended length of stay. Patients with more chronic illness and lower socioeconomic status also suffer from differences in health outcomes, something that is especially noted in critical care. Those with lower socioeconomic status have increased mortality when compared to those of higher status in these units. Patients with chronic illness also experience mortality at a greater rate than those without and deal with increased costs with longer stays in the ICU. Socioeconomic factors and chronic disease should be considered in addition to current admission criteria when deciding to admit a patient to the ICU to prevent increased mortality in both inpatient stays and post-discharge outcomes and alternatives to ICU readmission such as ICU recovery centres should be considered.