

Managing Acute and Chronic Illness in Nursing: A Review

Vaishali Santosh Jadhav

Department of Medical Surgical Nursing, Bharati Vidyapeeth Deemed to be University, College of Nursing, Navi Mumbai, Maharashtra, India

Abstract

Acute and chronic illnesses represent two distinct categories of health conditions that require comprehensive and differentiated nursing approaches. Acute illnesses develop rapidly, present with sudden and often severe symptoms, and typically resolve within a short duration when timely medical intervention is provided. In contrast, chronic illnesses progress slowly, persist for months or years, and require continuous management to prevent complications and maintain quality of life. This review explores the essential role of nursing care in managing both acute and chronic illnesses, emphasizing the differences in assessment, intervention strategies, patient needs, and care coordination. In acute illness management, nursing responsibilities include rapid assessment, stabilization, symptom control, prevention of complications, and short-term patient education. Chronic illness management requires ongoing monitoring, long-term symptom control, lifestyle modification support, emotional and psychological counseling, and coordination with multidisciplinary teams. The review further highlights common challenges faced by nurses, such as limited resources, patient adherence issues, emotional burdens on caregivers, and the influence of cultural and socioeconomic factors on care outcomes. The integration of technology—including telehealth, electronic health records, and mobile health applications—has emerged as an important tool to enhance patient engagement and improve continuity of care. Case examples of pneumonia and diabetes management demonstrate the practical application of nursing interventions across acute and chronic conditions. The review concludes by emphasizing the importance of continuous nursing education, evidence-based practice, patient-centered care, and community-based support to optimize health outcomes for individuals living with acute and chronic illnesses.

Keywords: Nursing Management, Acute Illness, Chronic Illness, Patient Education, Care Coordination

INTRODUCTION

Definition of acute and chronic illnesses

Acute illnesses are medical conditions that occur suddenly and last for a short duration, often days or weeks. Examples include the common cold, appendicitis, or a bone fracture. These conditions typically have a rapid onset and can often be resolved with timely medical intervention. In contrast, chronic illnesses develop slowly, persist for long periods – often for life – and are characterized by ongoing symptoms and progressive

deterioration. Chronic diseases such as diabetes, hypertension, arthritis, and heart disease require long-term management and can significantly impact the patient's quality of life.^[1]

Importance of nursing care in managing both types

Nursing care plays a pivotal role in the management of both acute and chronic illnesses. In acute illness, nurses are responsible for rapid assessment, timely intervention, and monitoring to stabilize the patient and promote recovery. Their interventions, such as pain management, medication administration, and patient education, are essential for positive outcomes.^[2]

For chronic illnesses, nurses serve as primary caregivers, educators, and advocates. Their responsibilities extend beyond physical care to include patient education, symptom monitoring, emotional support, and coordination of care across multiple healthcare providers. These interventions empower patients to self-manage their conditions, improve adherence to treatment plans, and ultimately enhance quality of life while reducing hospital readmissions.^[3]

Date of Submission: 13-10-2025

Date of Revision: 04-11-2025

Date of Acceptance: 20-11-2025

Access this article online

Website: <https://innovationaljournals.com/index.php/ijnh>

ISSN No: 2454-4906

DOI: 10.31690/ijnh.2025.v011i04.008

Address for Correspondence:

Vaishali Santosh Jadhav, Department of Medical Surgical Nursing, Bharati Vidyapeeth Deemed to be University, College of Nursing, Navi Mumbai, Maharashtra, India. E-mail: vaishalijadhav25@gmail.com

This is an open-access journal, and articles are distributed under the terms of the Creative Commons Attribution Noncommercial Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms

PURPOSE AND SCOPE OF THE REVIEW

This review aims to synthesize current knowledge on the management of acute and chronic illnesses, with a particular focus on the critical role of nursing care. It will:

- Define acute and chronic illnesses and highlight their key differences
- Explore the specific nursing interventions relevant to each type of illness
- Examine the impact of nursing care on patient outcomes and quality of life
- Discuss challenges and recommendations for optimizing nursing roles in illness management.^[4]

ACUTE AND CHRONIC ILLNESS: DEFINITIONS AND DISTINCTIONS

Acute illness

- Sudden onset, short duration (days to weeks)
- Examples: Influenza, pneumonia, appendicitis, fractures
- Typically treatable with prompt intervention; may resolve completely or, if severe, lead to complications.

Chronic illness

- Slow onset, prolonged duration (months to lifetime)
- Examples: Diabetes, hypertension, chronic obstructive pulmonary disease (COPD), arthritis
- Requires ongoing management, often incurable, with potential for significant physical, emotional, and social impact^[2] [Table 1].

NURSING CARE IN ACUTE ILLNESS MANAGEMENT

Nurses are central to the management of acute illnesses, focusing on rapid assessment, stabilization, and symptom relief. Key interventions include:

Assessment and monitoring

Nurses assess the severity of symptoms, monitor vital signs, and detect complications early.^[5]

Pain management

Administration of analgesics following evidence-based protocols, such as the pain ladder, to ensure adequate relief.

Patient education

Teaching patients about their condition, medication use, and warning signs that require urgent attention.

Supportive care

Providing comfort measures, emotional support, and facilitating recovery through interventions like breathing

exercises and infection control.

These interventions are essential for improving patient outcomes, reducing complications, and promoting faster recovery.^[6]

NURSING CARE IN CHRONIC ILLNESS MANAGEMENT

Chronic illness management requires a comprehensive, patient-centered approach. Nurses' roles include:

Patient education

Empowering patients with knowledge about their disease, medication adherence, lifestyle modifications, and self-monitoring techniques.^[3]

Symptom monitoring

Regular assessment of symptoms to detect exacerbations early and prevent complications.^[1]

Emotional and psychological support

Addressing the emotional challenges of living with a chronic condition, providing counseling, and connecting patients with support resources.^[6]

Care coordination

Collaborating with interdisciplinary teams to ensure continuity of care across healthcare settings.

Advocacy

Representing patient needs within the healthcare system and ensuring access to necessary resources and services.^[7]

These interventions have been shown to improve adherence to treatment, reduce hospital admissions, and enhance overall quality of life for patients with chronic illnesses.^[8]

OVERVIEW OF ACUTE ILLNESS

Definition and characteristics

An acute illness is a health condition that develops rapidly, often within hours or days, and lasts for a relatively short duration – typically days to weeks. Acute illnesses are characterized by a sudden onset, distinct and identifiable symptoms, and a course that may range from mild to severe. These conditions often resolve with appropriate, short-term intervention, though some can be life-threatening and require immediate medical attention.^[9]

Key characteristics include:

- Rapid onset
- Short duration
- Specific symptoms
- Potential for severity and urgency.

Common acute conditions

Acute illnesses encompass a wide range of conditions, including:

Infections

Examples include influenza, pneumonia, bronchitis, strep throat, and urinary tract infections.

Table 1: Comparison between acute and chronic illness

Feature	Acute illness	Chronic illness
Onset	Sudden	Gradual
Duration	Short-term	Long-term/lifetime
Progression	Rapid	Slow, progressive
Outcome	Often full recovery	Managed, rarely cured
Examples	Appendicitis, pneumonia	Diabetes, hypertension

Injuries

Such as fractures, sprains, cuts, and burns resulting from accidents or trauma.

Acute respiratory issues

Acute asthma attacks, acute respiratory distress syndrome (ARDS), and acute respiratory failure are critical examples, often requiring urgent intervention.^[10]

Other medical emergencies

Heart attacks, appendicitis, and acute gastrointestinal disturbances like gastroenteritis or food poisoning.

Immediate care and nursing priorities

The primary nursing priorities in managing acute illness are:

Rapid assessment and stabilization

Immediate evaluation of airway, breathing, and circulations is fundamental, especially for life-threatening conditions.

Symptom management

Addressing pain, fever, respiratory distress, or other acute symptoms using both pharmacological (e.g., analgesics, antipyretics, oxygen) and non-pharmacological interventions.

Prevention of complications

Monitoring for deterioration, preventing infection spread, and ensuring patient safety during acute episodes.

Patient education

Teaching about warning signs, medication use, and when to seek further care.

Assessment and diagnosis

Nursing assessment for acute illness includes:

Detailed symptom evaluation

Onset, quality, severity, duration, and precipitating/relieving factors of symptoms such as pain, cough, shortness of breath, or gastrointestinal upset.

Physical examination

Focused assessment based on presenting complaint (e.g., respiratory assessment for breathing issues, neurological checks for head injury).

Vital signs monitoring

Frequent checks for changes in heart rate, respiratory rate, blood pressure, temperature, and oxygen saturation.

Diagnostic tests

May include laboratory tests, imaging (X-rays, computed tomography scans), and cultures to identify the underlying cause.

Short-term Interventions

Short-term nursing interventions are tailored to the specific acute condition but commonly include:

Medication administration

Analgesics for pain, antibiotics for infections, bronchodilators or corticosteroids for respiratory distress, and antipyretics for fever.

Oxygen therapy

For patients with respiratory compromise, using nasal cannula, face mask, or advanced airway support as needed.

Wound or injury care

Cleaning, dressing, immobilization, or referral for surgical intervention in cases of trauma.

Monitoring and reassessment

Ongoing evaluation of symptoms and response to treatment, with prompt escalation if the patient deteriorates.

Supportive care

Ensuring hydration, rest, and comfort measures to aid recovery. In summary, acute illnesses require prompt recognition, rapid assessment, and targeted interventions to manage symptoms, prevent complications, and promote recovery. Nursing care is central to achieving these goals, ensuring patient safety, and facilitating a return to health.⁴

OVERVIEW OF CHRONIC ILLNESS

Definition and long-term implications

A chronic illness is a health condition that persists for a year or more, often for life, and typically requires ongoing medical attention or limits daily activities. Chronic illnesses are rarely cured completely and are characterized by complex causes, long latency periods, and a prolonged course that can result in functional impairment or disability. These conditions can disrupt various aspects of a person's life, including physical health, psychological well-being, and social participation. The long-term implications include the need for continuous management, potential progression to disability, and significant economic and social burdens on individuals and healthcare systems.^[9]

Common chronic conditions

Frequent chronic illnesses include:

- Diabetes
- Hypertension
- Asthma
- Arthritis.

Other notable examples are heart disease, cancer, COPD, chronic kidney disease, and mental health disorders such as depression.^[11]

Ongoing assessment and monitoring

Chronic illness management requires regular and systematic assessment to monitor disease progression, treatment effectiveness, and the emergence of complications. This includes:

- Frequent evaluation of symptoms and functional status
- Monitoring vital signs and laboratory markers (e.g., blood glucose for diabetes, blood pressure for hypertension)
- Assessing medication adherence and side effects
- Screening for comorbidities and complications.

Nursing roles in long-term management

Nurses play a central role in the long-term management of chronic illnesses, including:

- Coordinating care among multiple healthcare providers and specialists
- Providing direct clinical care, such as medication administration and wound care
- Conducting regular assessments and monitoring for changes in condition
- Supporting self-management by teaching patients' skills for daily care and symptom management
- Offering emotional support and counseling to address the psychological impact of chronic illness
- Advocating for patient needs and ensuring access to community resources.

Patient and family education

Education is a cornerstone of chronic illness management. Nurses provide ongoing education to patients and families about:

- The nature and trajectory of the illness
- Medication regimens and possible side effects
- Lifestyle modifications, including diet, exercise, and smoking cessation
- Recognizing warning signs and when to seek medical help
- Coping strategies for managing stress and emotional challenges
- Effective education empowers patients and families to actively participate in care, enhances adherence to treatment plans, and improves quality of life.^[12]

Chronic illnesses are persistent, often lifelong conditions that require comprehensive, multidisciplinary management. Nurses are vital in ongoing assessment, care coordination, patient education, and emotional support, all of which are essential for optimizing outcomes and maintaining quality of life for patients and their families.^[13]

DIFFERENCES IN NURSING MANAGEMENT: ACUTE VS. CHRONIC ILLNESS

Timeframe and intensity of care

Acute illness

Nursing care is typically short-term, intensive, and focused on rapid assessment, stabilization, and resolution of symptoms. The care episode is often brief, lasting only until the patient recovers or is stabilized enough for discharge.

Chronic illness

Nursing care extends over months to years, with ongoing, lower-intensity interventions aimed at maintaining health, preventing complications, and supporting adaptation to long-term illness. The nurse-patient relationship is continuous, often spanning multiple episodes of care.^[14]

Goals of care

Acute illness

The primary goal is stabilization – addressing immediate threats to health, managing symptoms, and achieving recovery or safe transition to home or another care setting.^[15]

Chronic illness

The focus shifts to long-term maintenance – controlling symptoms, slowing disease progression, maximizing function, and enhancing quality of life over time. Cure is rarely possible; instead, management is ongoing.^[16]

Patient support needs (physical, emotional, and social)

Acute illness

Patients need immediate physical support, such as pain relief, wound care, or respiratory support. Emotional support is important to help patients and families cope with the sudden onset and uncertainty. Social needs are generally short-term, such as arranging post-discharge care or support at home.

Chronic illness

Support needs are multifaceted and long-term. Patients require ongoing physical care (e.g., medication management, monitoring), emotional support for coping with a persistent condition, and social support involving family, community resources, and sometimes financial assistance. Family involvement is often essential, and education is a continuous process.^[8]

Coordination with multidisciplinary teams

Acute illness

Coordination is immediate and situation-specific, often involving collaboration with physicians, emergency teams, and allied health professionals to address urgent needs. The focus is on rapid communication and teamwork to stabilize the patient.

Chronic illness

Coordination is longitudinal, involving regular collaboration with a broad multidisciplinary team – physicians, pharmacists, social workers, dietitians, physical therapists, and community agencies. The nurse often acts as a care coordinator, ensuring continuity and integration of services across settings and over time^[12] [Table 2].

Nursing management of acute and chronic illness requires distinct approaches, reflecting differences in duration, intensity, patient needs, and the structure of care teams.^[17]

NURSING STRATEGIES AND INTERVENTIONS

Table 2: Comparison of nursing management in acute and chronic illness

Aspect	Acute illness nursing management	Chronic illness nursing management
Timeframe	Short-term, episodic	Long-term, continuous
Intensity	High, focused on immediate needs	Moderate, focused on ongoing needs
Goals	Stabilization, recovery	Maintenance, adaptation, quality of life
Patient Support	Immediate physical/emotional support	Ongoing physical, emotional, and social support
Team Coordination	Rapid, situation-specific	Regular, multidisciplinary, coordinated

Health education and promotion

- Nurses provide comprehensive education on disease processes, treatment options, medication adherence, and self-care strategies, empowering patients to make informed decisions and actively participate in their care.^[9]
- Health promotion includes counseling on preventive measures, healthy lifestyle choices, and risk reduction to prevent complications and improve long-term outcomes.

Medication management

- Nurses educate patients about the importance of taking medications as prescribed, potential side effects, and strategies to enhance adherence, which reduces complications and hospital readmissions
- Medication reconciliation and regular monitoring are essential to ensure safe and effective pharmacological therapy.^[4]

Pain and symptom control

- Assessment of pain and other symptoms is ongoing, using appropriate scales and patient feedback to individualize interventions
- Interventions include administering analgesics as prescribed, assisting with repositioning, employing complementary therapies (e.g., heat/cold packs, massage), and supporting behavioral therapy exercises such as relaxation and deep breathing
- Symptom management also involves regular monitoring and timely adjustments to care plans.^[18]

Psychological support

- Nurses provide emotional support through counseling, active listening, and validation of patient experiences, addressing anxiety, depression, and stress commonly associated with both acute and chronic illnesses
- Facilitating support groups and teaching stress management techniques further enhance emotional well-being and resilience.

Lifestyle modifications

- Counseling on diet, exercise, smoking cessation, and other lifestyle changes is a core nursing intervention, tailored to each patient's needs and chronic condition^[19]
- Nurses guide patients in setting realistic goals and adopting behaviors that slow disease progression and improve quality of life.^[9]

Use of care plans and nursing process

- The nursing process – assessment, diagnosis, planning, implementation, and evaluation – guides individualized care for both acute and chronic conditions
- Care plans are regularly updated based on patient assessments, symptom changes, and treatment responses, ensuring dynamic and responsive care.^[19]

CHALLENGES IN MANAGING BOTH TYPES

Resource limitations

- Limited staffing, time, and access to specialized care can hinder comprehensive management, especially in resource-constrained settings.^[4]

Patient adherence issues

- Non-adherence to medication, lifestyle changes, or follow-up appointments is a persistent challenge, impacting disease control and increasing hospitalizations.

Emotional burden on patients and caregivers

- Chronic illness and acute exacerbations can lead to significant psychological distress for patients and their families, necessitating ongoing support and counseling.

Cultural and socioeconomic factors

- Cultural beliefs and socioeconomic status influence health behaviors, access to care, and the effectiveness of nursing interventions, requiring culturally sensitive and tailored approaches.^[17]

ROLE OF TECHNOLOGY AND INNOVATIONS

Telehealth and remote monitoring

- Telehealth services and remote monitoring enable regular follow-up, timely interventions, and increased access to care, particularly for patients with mobility or geographic barriers.^[11]

Electronic health records (EHRs)

- EHRs facilitate coordinated care, improve communication among multidisciplinary teams, and support continuity by providing comprehensive, up-to-date patient information.

Mobile health apps and patient engagement tools

- Mobile apps promote self-management, medication reminders, and symptom tracking, enhancing patient engagement and adherence to care plans.^[20]

CASE STUDIES/EXAMPLES

Example 1: Acute illness management (pneumonia)

- A patient with pneumonia receives rapid assessment, initiation of antibiotics, oxygen therapy, and regular monitoring of respiratory status. Nursing priorities include symptom control, patient education on medication adherence, and discharge planning to prevent relapse.^[21]

Example 2: Chronic illness management (diabetes mellitus)

- A patient with diabetes benefits from ongoing education on blood glucose monitoring, medication management, dietary counseling, and regular assessment for complications. Nurses coordinate care, provide emotional support, and use telehealth for follow-up, improving self-management and reducing hospital visits.^[22]

FUTURE DIRECTIONS AND RECOMMENDATIONS

Importance of continuous education for nurses

- Ongoing professional development ensures nurses remain updated on best practices, new technologies, and evidence-based interventions.

Integration of patient-centered and evidence-based care

- Emphasizing individualized, evidence-based care improves outcomes and patient satisfaction.^[23]

Community-based care and outreach

- Expanding community nursing roles, home visits, and outreach programs increases access to care and supports long-term management, particularly for underserved populations.^[24]

Enhancing nurse-patient communication

- Effective, empathetic communication builds trust, improves adherence, and fosters collaborative care planning.^[25]

CONCLUSION

Nursing management of acute and chronic illness requires a multifaceted approach, integrating education, symptom management, psychological support, and use of technology. Individualized care, ongoing assessment, and strong nurse-patient relationships are key to improving outcomes and quality of life. As healthcare evolves, continuous nurse education, patient-centered care, and innovative tools will be essential in meeting the complex needs of patients with acute and chronic conditions.

REFERENCES

1. Bengmark S. Acute and "chronic" phase reaction-a mother of disease. *Clin Nutr* 2004;23:1256-66.
2. Gulanick M, Myers JL. *Nursing Care Plans: Diagnoses, Interventions, and Outcomes*. Amsterdam: Elsevier Health Sciences; 2011.
3. Alruwaili MJ, Alwallah SA, ALRuwaili FS, AlRowily RT, Alghamedi FH, Alenazi EM, *et al*. The role of nursing in managing chronic illness: A review of patient outcomes and quality of life. *J Ecohumanism* 2024;3:2862-9.
4. Jones R, White P, Armstrong D, Ashworth M, Peters M. *Managing Acute Illness*. London: The King's Fund; 2010.
5. Yousefi H, Ziaee ES, Golshiri P. Nurses' consultative role to health promotion in patients with chronic diseases. *J Educ Health Promot* 2019;8:178.
6. Dowrick C, Dixon-Woods M, Holman H, Weinman J. What is chronic illness? *Chronic Illn* 2005;1:1-6.
7. Wagner EH. Chronic disease management: What will it take to improve care for chronic illness? *Eff Clin Pract* 1998;1:2-4.
8. Alghamdi SA, Alharthi MF, Khayat HM, Jameel R, Albariqi AA, Saeed NA. Comprehensive review of nurses' role in chronic disease management: Collaborative care approaches. *J Ecohumanism* 2024;3:6651-9.
9. Rothman AA, Wagner EH. Chronic illness management: What is the role of primary care? *Ann Intern Med* 2003;138:256-61.
10. Brower RG, Ware LB, Berthiaume Y, Matthay MA. Treatment of ARDS. *Chest* 2001;120:1347-67.
11. Moon M. *Relationship of Nursing Diagnoses, Nursing Outcomes, and Nursing Interventions for Patient Care in Intensive Care Units* [Doctoral Dissertation, The University of Iowa]; 2011.
12. Temmink D, Francke AL, Hutten JB, Van Der Zee J, Abu-Saad HH. Innovations in the nursing care of the chronically ill: A literature review from an international perspective. *J Adv Nurs* 2000;31:1449-58.
13. Bryant R, Nix D. *Acute and Chronic Wounds: Current Management Concepts*. Amsterdam: Elsevier Health Sciences; 2015.
14. Michie S, Miles J, Weinman J. Patient-centredness in chronic illness: What is it and does it matter? *Patient Educ Couns* 2003;51:197-206.
15. Corbin JM, Strauss A. A nursing model for chronic illness management based upon the trajectory framework. *Sch Inq Nurs Pract* 1991;5:155-74.
16. Whittemore R, Dixon J. Chronic illness: The process of integration. *J Clin Nurs* 2008;17:177-87.
17. Courtenay M, Carey N. The impact and effectiveness of nurse-led care in the management of acute and chronic pain: A review of the literature. *J Clin Nurs* 2008;17:2001-13.
18. Frich LM. Nursing interventions for patients with chronic conditions. *J Adv Nurs* 2003;44:137-53.
19. Miller TA. Health literacy and adherence to medical treatment in chronic and acute illness: A meta-analysis. *Patient Educ Couns* 2016;99:1079-86.
20. Von Korff M, Gruman J, Schaefer J, Curry SJ, Wagner EH. Collaborative management of chronic illness. *Ann Intern Med* 1997;127:1097-102.
21. Urden LD, Stacy KM, Lough ME. *Critical Care Nursing, Diagnosis and Management, 7: Critical Care Nursing*. Amsterdam: Elsevier Health Sciences; 2013.
22. Meenan RF, Yelin EH, Nevitt M, Epstein WV. The impact of chronic disease: A sociomedical profile of rheumatoid arthritis. *Arthritis Rheum* 1981;24:544-9.
23. Wellard S. Constructions of chronic illness. *Int J Nurs Stud* 1998;35:49-55.
24. Ackley BJ, Ladwig GB. *Nursing Diagnosis Handbook-e-Book: An Evidence-Based Guide to Planning Care*. Netherlands: Elsevier Health Sciences; 2010.
25. Ralph SS, Taylor CM. *Nursing Diagnosis Reference Manual*. United States: Lippincott Williams and Wilkins; 2005.

How to cite this article: Jadhav VS. Managing Acute and Chronic Illness in Nursing: A Review. *Innov J Nurs Healthc*. 2025;11(4):39-44.