# INTENSIVE CARE HOTLINE

*Helping Families of critically ill Patients in Intensive Care improving their lives instantly so that they can exercise power, influence decision making and stay in control of their and their critically ill loved ones destiny*

## 10 things you didn't know doctors and nurses are talking about if your loved one is critically ill in Intensive Care when you and your Family are not present at the bedside

Hello and welcome to another report in INTENSIVECAREHOTLINE.COM's report series. And once again, congratulations on taking action in getting informed and taking control! Just by doing that you stand out from the rest of Families in Intensive Care and it will give you an edge when dealing with the challenges, difficulties and complexities in Intensive Care. Our Ebook/ video series will help you find **your voice, will help you taking control and power so that you can influence decision making** in the jungle of complexities surrounding Intensive Care.

When going through our reports and videos you will also discover how to speak the "**secret**" Intensive Care language, so that the doctors and the nurses in Intensive Care see you as equals.

**In this Ebook you will discover**

- What is really happening 'behind the scenes' in Intensive Care
- how to speak the **secret** "Intensive care language" so that doctors and nurses know straight away that you are an "insider" and that you know and understand what is really happening in ICU
- the dynamics, the intrigue, the politics and the psychology at play in Intensive Care and how it impacts on your critically ill loved one's care
- what the **"elephant in the room"** in Intensive Care really is

Now, as you can imagine when you spend some time in Intensive Care if your loved one is critically ill, you get a bit of a feel for the place and its people. You get a feel for the culture in the place.

Every Intensive Care Unit is unique even though a lot of Intensive Care Units share a lot of commonalities. In more than 13 years of Intensive Care Nursing experience in different Units across Germany, the United Kingdom and Australia I have learned that doctors and nurses are talking about 10 distinct things across all Intensive Care Units that you need know and that you want to know about. Because they only talk about these things when you are not there and they don't want you to know that they do talk about these things.

If they did know that you knew about these things they would be horrified as it could well change the dynamics of the situation that you, your Family and your critically ill loved one are in.

You'll also learn how to speak the **secret** "Intensive care secret language" so that doctors and nurses know straight away that you are an "insider" and that you know and understand what is really happening in ICU.

**Filling in the gaps for you**

So in order to fill in the gaps for you, I created this Ebook for you to give you valuable "behind the scenes" insight so that you don't have to worry and wonder any longer of what might be going on "behind the scenes" in Intensive Care.

This piece of information is another piece in the puzzle for you exercising more control, more power and influencing decision making whilst your loved one is critically ill in Intensive Care. So let's dive right into those 10 topics

1. **Your critically ill loved ones prognosis**
2. **What the Intensive Care team says to the Family or in a Family meeting**
3. **Pathology(blood results) and x-ray results**
4. **Controversial and contradicting views between the ICU medical team and the parent medical team**

5. **How managing the Intensive Care Units budget might impact on your critically ill loved one's treatment**
6. **Family dynamics**
7. **You and your Family's perceived understanding of the situation**
8. **Perceived Quality of Life of your critically ill loved one**
9. **End of life(the elephant in the room)**
10. **Bed status, bed movements, new admissions and how it applies to your critically ill loved one's situation**

1. **Your critically ill loved one's prognosis**

Now, as you know, you want to get as much information as you possibly can about your loved one's prognosis. And so you may do your research and you may do a google search, which brought you to www.INTENSIVECAREHOTLINE.COM and of course you are talking to the doctors and nurses in the ICU who are taking care of your critically ill loved one.

What if I told you that the Intensive Care team only told you half the truth or a distorted truth about your critically ill loved one's prognosis.

Well, let's put it that way. When the Intensive Care team(Doctors and Nurses) are talking amongst themselves they usually paint a very different picture compared to the picture they are painting towards you and your Family.

As a rule of thumb, the sicker and the more critically ill your loved one is, the more pessimistic and the more negative the Intensive Care team is in their outlook for your critically ill loved one. Why do they do that you may wonder?

Well, there's a couple of reasons for that, number one if they gave you false hope or too much hope and things didn't turn out too well for your critically ill loved one, their professional as well as the hospitals reputation might be at stake. It's as simple as that. But it could be for a number of other reasons, including political reasons within the Intensive Care Unit.

Once you start reading down the **"10 things you didn't know doctors and nurses are talking about if your loved one is critically ill in Intensive Care**

**when you are not present at the bedside"** you have a much better understanding of how things, dynamics and perceptions interact with each other.

The bottom line is that Doctors and Nurses will talk about your loved one's prognosis to each other when you are not there and unless your critically ill loved one is well on his or her way to recovery and almost ready for discharge out of Intensive Care, the Intensive Care team will almost always downplay the chances of full recovery or the chances of survival for obvious reasons.

Now you've already guessed that. What you didn't know is that doctors and nurses in Intensive Care have a different approach when they are talking to each other when you are not there and they are having a more realistic outlook without the worst case scenario outlook that they often present to you.

## 2. What the Intensive Care team says to the Family or in a Family meeting

Now, let's say you are going in a Family meeting with the Intensive Care team. Now, Family meetings in Intensive Care are relatively formal meetings and unless your critically ill loved one in Intensive Care is a "straight forward" or "soft" admission with the outlook of a short and uncomplicated stay, those meetings don't take place.

So clearly, if you are having a Family meeting it is usually a pretty serious meeting, with the expectation that bad news are being delivered. If the Intensive Care team has good news for you, they usually tell you so informally at the bedside. Once again, this applies if your critically ill loved one is a "straight forward" or "soft" admission to Intensive Care and if your loved one is well on his or her way to recovery there is no need for Family meetings to be held.

So, let's say a Family meeting is being scheduled with the Intensive Care team, which usually includes the ICU consultant/ physician(most senior doctor on duty), usually one less experienced ICU doctor(senior registrar), the ICU bedside nurse, maybe the ICU nurse manager and a social worker. The number of people and the ranks of people might vary in each case, but for the delivery

of bad news in particular, you can usually count for the most senior ICU doctor on duty and at least for one nurse to be there.

And guess what? The people present in the meeting will usually have briefed themselves and what and how they are going to say. Unlike you and your Family, the Intensive Care team usually come prepared into such meetings. They have done those meetings before over and over again. They generally know what to expect. Health professionals in Intensive Care generally know what questions Families ask who have just been given bad news.

This also ties right in with number one, the prognosis. The prognosis that you have been given in a Family meeting, may not necessarily represent reality. It all depends. You might have to dig deeper. That's why it's so important that you get as much information as possible in a limited time period so that you and your Family are well positioned, mentally prepared and mentally strong, in order for you to have power and control, so that you can influence decision making.

So, in summary, yes the Intensive Care team usually knows what they say and how they frame it and also how they frame the meeting. The Intensive Care team generally knows what to expect. The question is, what do you and how much do you know? What do you expect? What is your frame of reference? If you don't have a frame of reference as yet, you better get one quick. No matter the situation. You need to gather information quickly, so that other people can't put their agenda on your plate.

3. **Pathology(blood) and x-ray results**

The Intensive Care team also talk about pathology(blood results) and x-ray results when you are not there. Why is this important for you to know?

Well, once again, a lot of what is said and what is unsaid when your loved one is critically ill in Intensive Care depends on the Intensive Care team's perceptions. It depends on their perceptions about you, your understanding of the situation and also on the questions that you are asking and the questions that you are not asking. Ask the right questions and you are almost always getting the right answers. So usually, the Intensive Care team is doing all the

talking and they discuss Pathology/blood results and/or x-ray results(including CT and MRI results) at great length, as number one, it is important, but also number two, they usually love discussing it, as those results can have tremendous impact on your critically ill loved one's treatment, on your loved one's recovery and on your loved one's prognosis.

Blood results, pathology results and x-ray results usually give health professionals a lot of insight into the effectiveness of treatment, further treatment to come and also your loved one's prognosis. But Intensive Care health professionals can sometimes also be a bit reluctant to share those results in great detail. Call it arrogance. Call it time constraints. Whatever you want to call it, health professionals in Intensive Care tend not to share those results with you too openly and in great detail, as they often perceive that you may not have enough knowledge to understand all of it anyway. And of course, they don't want you to ask too many questions anyway…

They often couldn't be further away from the truth though. You need to, once again, ask the right questions and you need to know where to look for answers. This site INTENSIVECAREHOTLINE.com is designed to give you enough insight to get answers quickly.  So keep looking and keep asking.

4. **Controversial and contradicting views between the ICU medical team and the parent medical team**

If your loved one has been admitted to Intensive Care, there are usually two teams involved. One is the Intensive Care team and the other team is the "parent" team. The "parent" team is the team that is looking after your loved one from a different ankle, basically a non-ICU or a non- Critical Care ankle.

This means if your critically ill loved one has been admitted to Intensive Care with Pneumonia, the "parent" team is very likely the respiratory team or a general medical team. If your loved one came to Intensive Care from a ward, he or she would have been looked after by the "parent" team on the ward.

Once your critically ill loved one is discharged to the ward, he or she will be looked after by the "parent" team again. Another example is that if your loved

one is admitted to Intensive Care with multiple Traumata the “parent” team would be the Trauma team.

If your loved one has been admitted to Intensive Care with severe head injuries, your loved one’s “parent” team would be the neurosurgical team.

Now, you might ask, “Patrik, why is this important?”. That’s a fantastic question and you know, there are often competing groups and therefore competing interests in a hospital. Those groups might be competing for money, resources, status, recognition and so forth.

**How competing forces might impact on your loved one’s care and prognosis**

I’ll give you an example so that you understand how those competing forces might impact on your critically ill loved one’s care in Intensive Care and why nobody would tell you what those competing groups may talk about when you are not there.

So, let’s say your loved one has been admitted to Intensive Care with severe head injuries and your loved one has gone for brain surgery on admission to hospital before coming to Intensive Care. The brain surgery was necessary because your critically ill loved one had a massive bleed in his or her head and this resulted in high pressures in the brain that could have been lethal if the neurosurgical team hadn’t operated on the brain and evacuated some of the bleeding and inserted a catheter to continuously monitor the pressure in the brain.

Now let’s say after a few days, your critically ill loved one is stable and the Intensive Care team is happy and ready to get your critically ill loved one out of the induced coma(normally a severe head injury always requires an induced coma for at least a few days and sometimes weeks) to see whether your loved one is waking up and to find out whether your critically ill loved one’s brain is functioning. Let’s say that your critically ill loved one is not waking up as planned and let’s say that even after a few more days your critically ill loved one is still not showing any signs of improvement and it looks like your loved one might have sustained even permanent brain damage.

Usually what happens, you and your Family will very likely be distressed by the slow recovery and by the lack of response that your critically ill loved one in

Intensive Care shows. Furthermore, the Intensive Care team and the “parent” team, which in this example is the neurosurgical team have often very different views of the further prognosis.

As a rule of thumb: The “parent” team tends to have a more positive outlook than the Intensive Care team. In our example with the severe brain injury, the neurosurgical team who operated on your critically ill loved one’s brain would be optimistic in their outlook as they would suggest that the surgery they performed was successful and they think that there shouldn’t be a reason why your critically ill loved one shouldn’t recover.

On the other hand there is the Intensive Care team who looks at your critically ill loved one and thinks, ok, we are not making any progress, despite aggressive treatment. Furthermore, the Intensive Care team might think, ok, how much longer can we sustain treatment? Are there any other complications that we have to consider? Is your critically ill loved one developing an infection? Is your critically ill loved one ventilator dependent? Are we having enough resources to continue treatment? If so, how much longer will it take until your critically ill loved one can leave Intensive Care?

These are the questions the Intensive Care team will consider. Depending on the culture of the Intensive Care Unit and depending on the culture of the Intensive Care team, they may have discussions with the “parent” team, which in our example is the neurosurgical team and the ICU team might suggest to “limit treatment” or to even “withdraw treatment”.

There are usually conflicting views between the Intensive Care team and the “parent” team and you often don’t hear about these conflicting views. In our example, the neurosurgical or “parent” team would very likely oppose any suggestions about limiting or withdrawing treatment. From my experience, there are often discussions going on behind the scenes that you simply don’t know about.

Usually, from my experience, Patients with head injuries in particular take a long time to recover and they need to be given sufficient time in order to do so. Critically ill Patients in Intensive Care recover in their own time. Despite medical advancement, you will find that your critically ill loved one will recover in their own time. But your loved one needs to be given that time.

So if you are in doubt about your critically ill loved ones prognosis, just simply speak to the "parent" team as well. Just request to speak to whoever the most senior person from the "parent" team is so that you can compare views so that you can make an objective and informed judgement yourself.

5. **How managing the Intensive Care Units budget might impact on your critically ill loved ones treatment**

Now, you might say "What does managing the Intensive Care budget have to do with my critically ill loved one in Intensive Care?" Shouldn't all Patients receive fair and equal treatment, irrespective of the budget?

That is of course a valid and important question. And the answer is that it does depend. It depends on whether you are paying for the care of your loved one out of your own wallet. If you are, well, then you will have certainly more bargaining power, as you are a real and perceived customer. But even then, your critically ill loved one's case is looked at from a financial perspective. If the Intensive Care team and hospital administration thinks that they will not be able to reach their financial goals by continuing treatment on your critically ill loved one, the Intensive Care team might tell you that your loved one's prognosis is really poor and they therefore suggest a "limitation" or even a "withdrawal of treatment" and that it would be "in the best interest" of your critically ill loved one. That's why it's so important that you read between the lines and that's why it's so important that you question!

Perception is everything. If you are reading this and your loved ones care is covered by health insurance(s) or by public health cover/ government scheme such as Medicare in Australia or like the NHS in the UK then what follows is similar to what described above with a "paying customer". But because you and your critically ill loved one are not really perceived as a customer you need to be vigilant too. What do I mean by that?

Usually what happens in an Intensive Care Unit is that the Intensive Care unit gets allocated an annual budget and that budget is usually allocated on a projected Patient activity and acuity. Somebody of course needs to manage that budget. The budget in most ICU's is managed by the Nurse Unit Manager

in conjunction with a Medical director and maybe with a Director of Nursing as well. It depends, but the bottom line is that there is a budget that needs to be managed and Intensive Care Units are extremely expensive to run as you can imagine.

**Imagine your mother has just been admitted to Intensive Care**

Now, once again I'll give you an example and I'll give you insight in how managing the Budget of an Intensive Care Unit might impact on your loved one's prognosis, diagnosis and ultimately their care.

Let's say your loved one is critically ill in Intensive Care and let's say it is your 76 year old mother who has been admitted with a severe heart attack. Your 76 year old mother has been previously fit and healthy and she enjoyed going for walks every day and she enjoyed going to yoga classes twice a week and she also had an active social life, meeting her friends for coffee twice a week and so forth. She has also been very interested in the Family and you and your children have been seeing her at least a few times a week. I am sure you get the picture.

So, let's say your mother went shopping and she collapsed in the shopping centre because of the heart attack. Her heart stopped and bystanders were performing CPR(Cardiopulmonary resuscitation) and the paramedics who arrived resuscitated her and they put her on a mechanical ventilator as your mother stopped breathing at the scene. Your mother then was admitted to hospital in the emergency department, where she had a CT(x-ray) of her brain to see if she had any brain damage due to lack of oxygen to the brain during the heart attack.

After your mother had the CT of her brain, she went to Intensive Care, where she is now in an induced coma, on a ventilator and on a monitor. The CT brain showed no clear signs of hypoxic(lack of oxygen) brain damage and at this point in time it is unclear whether any brain damage has occurred or not.

So you are getting this phone call from Intensive Care and you are absolutely shocked and despaired about what just happened. Yesterday you were talking to your mother on the phone and she appeared to be very well indeed. So you get this phone call from the Intensive Care Unit and at first you might double

check with the doctor on the other end of the phone whether it is really your 76 year old mother they are talking about. After you have clarified that it really is your mother who has just been admitted to Intensive Care, you ring your brother and your sister and you are rushing to the hospital to meet your siblings there.

**You can finally see your mother in Intensive Care**

You are going into the Intensive Care Unit and you can finally see your 76 year old mother and you can hold her hand and you can talk to her even though she has been placed in an induced coma and is therefore unconscious. The bedside nurse looking after your mother is giving you a bigger picture view of what has happened and the bedside nurse is telling you that they are “cooling” your mother’s body temperature for 24 hours to protect her brain and her heart after the heart attack. She therefore remains in an induced coma on a mechanical ventilator, and after 24 hours they are taking her out of the induced coma to see whether your mother is going to “wake up” or not. The nurse is telling you that this is what will finally determine whether any irreversible brain damage has been done or not.

After about another half an hour one of the ICU doctors is coming to see you and he asks you whether the Intensive Care team could catch up with you and the rest of your Family to fill you in the events and to give you an outlook of what is about to come. You are telling the Intensive Care doctor that your siblings will be here in another half an hour and that it would be great if you could get an update.

Half an hour later, you and your siblings are sitting in the meeting room outside of the Intensive Care Unit, with the most senior Intensive Care Consultant on duty and the bedside nurse present in the room. You can see a box of soft tissues on the table.

You and your siblings are still shocked by just having received the phone call and the bad news a couple of hours ago from the Intensive Care Unit that your 76 year old mother just had a heart attack and is now in Intensive Care.

**Bystanders performed CPR, but was it sufficient?**

So the Intensive Care consultant is giving you an overview of the events of the last few hours, and he stresses the fact that your 76 year old mother had a severe heart attack and that she therefore collapsed in the shopping centre, because her heart stopped beating at the scene.

Thankfully bystanders were performing CPR(Cardiopulmonary Resuscitation) until the ambulance arrived. The paramedics took over CPR and they finally got your mother's heart beating again and they also had to put her on a mechanical ventilator so that she could get sufficient respiratory support after the heart attack.

Because of the length of the CPR, which the ICU consultant estimated to be around 15-20 min, he is unsure whether any irreversible brain damage has been done, because he thinks that given the length of time of CPR, as well as the fact that initially CPR was performed by bystanders that CPR may not have been optimal and that therefore irreversible brain damage may have been caused.

You and your siblings are looking at each other in disbelief and shock, you swallow and you can't hold back your tears. The ICU consultant continues in his monologue and he mentions that it is too early to make any predictions and he is talking about comparing your 76 year old mother's "case" with other Patients he has seen and looked after over the years and he thinks that she has a poor chance of survival and should she survive you and your Family would have to think about your mother's expected quality of life.

Furthermore, the ICU consultant or Intensivist also makes a comment that your mother is old and that given her poor prognosis she may have full treatment in the Intensive Care Unit or not. The ICU consultant explains to you what the bedside nurse has explained to you earlier that your mother is being "cooled" to protect her brain and to protect her heart and that after she has been "rewarmed" back to a normal temperature tomorrow, she would be assessed as if she was waking up and if she is waking up and moving her arms and legs and if she is starting to make purposeful movements and if she is able to breathe and if the Intensive Care team thinks she has a fairly high chance to be taken off the ventilator because she can breathe by herself, she would then continued to be treated in Intensive Care.

The Intensive Care consultant goes on and says that he doesn't think that she would get to that "best case scenario" he just described, given her admission scenario and diagnosis. He continues saying that in the event that your 76 year old mother does not recover, which he expects to be the case, he may or may not decide to do another CT(x-ray of the brain) and that he might get a neurologist involved who would confirm the severe brain damage he expects.

By now you and your sister have been crying during the monologue of the ICU consultant and you and your siblings are still sitting there in shock and disbelief, unable to gain back your composure and unable to even think about asking any questions as yet.

The ICU consultant continues in his monologue and he further explains that if your mother, once she has been "woken up" does not show any signs of recovery, does not make any purposeful movements and if she does not breathe by herself, he then suggests that "withdrawal of treatment" might be in the "best interest" of your 76 year old mother, who is old, anyway.

The ICU consultant last but not least asks you whether you understand of what he just explained and whether you have any questions.

**Bang.** Here you are. You have just been delivered very bad news. Everybody is silent for a minute. You finally gain your composure and you ask that if your mother was going to recover and survive what her chances of a good quality of life would be?

**What's the most likely outcome for your mother?**

The ICU consultant says that he doesn't think that if your 76 year old mother was going to survive and recover that she wouldn't be as good as before the heart attack and that she wouldn't be able to enjoy the same quality of life than before.

I stop here for a minute and I'll take you out of this conversation. Ok, what have you just witnessed by reading this section of the report? You have just witnessed a very insensitive meeting, where the bad news about your mother who just had a severe heart attack have been delivered as a matter of fact statement with very little empathy and with very little consideration about your and your siblings feelings in a situation, where a couple of hours before

you thought that your mother was well and enjoying life. I am not suggesting that every ICU consultant will take a similar approach and I have also witnessed Family meetings where similar bad news have been delivered in a far more considerate and empathetic way than the one I just described.

There are some fantastic ICU consultants in this world who would always consider your and your Family's feelings and concerns.

The bottom line is that imagine, the Intensive Care team would tell you that they were going to treat your mother no matter what. It would mean that it would be much harder for them to turn around and say, "Sorry, we stop treating your mother, because she is not going to recover."

In the example I just gave you, the **pre-framing** of the situation done by the ICU consultant is a pre-framing of the situation that you, without any in depth and insider knowledge would find very hard to challenge, especially in a situation that is new and that you have only found yourself in the last few hours. You are still in shock and disbelief.

**The pre-framing from the Intensive Care team is hard to challenge without insider knowledge**

What the ICU consultant isn't telling you and your siblings is that **he thinks** that your mother isn't going to recover to the point where **HE** thinks she would not have quality of life. He also isn't telling you that one Intensive Care bed costs around $ 3,000- $ 5,000 per 24 hours and that he and his ICU team have a budget to manage. He is also not telling you that there are two more Patients waiting for an ICU bed at this point in time because he just had a phone call from the Emergency room department that they would like to admit two more Patients to Intensive Care. He is also **not** telling you about the 22 year old Patient in the bed next to your mother who has had a severe car accident with head injuries, lung injuries and kidney failure, who has been in Intensive Care for 15 days and the treatment of this Patient has by far outspent the budget because of complications and the severity of his injuries.

Would the ICU consultant have a similar discussion with a similar **pre-framing** of the situation with this 22 year old Patient's Family?

I am not suggesting what is best in our example of your 76 year old mother with a severe heart attack. What I am however suggesting is that you need to consider what you, your Family and your critically ill 76 year old mother want in this particular situation, irrespective of the ICU teams view.

Here are a few things that I think you should be thinking about in case your critically ill loved one is going to recover. The things that I suggest you might be thinking about, will also help you and your Family to frame the situation based on your views so that you can make your views and concerns heard with the Intensive Care team

- Would a diminished quality of life be acceptable for you, for your Family and for your critically ill loved one?
- If yes, what would that quality of life look like for you and for your critically ill loved one?
- Would it be important for you, for your Family and for your critically ill loved one to spend more time together, even if your critically ill loved one would require ongoing care?
- Would it be important for you, for your Family and for your critically ill loved one to have the opportunity to die at home?
- Is it too much to stomach for you and for your Family at this point in time to “let go” of your loved one and see her die, without knowing what would have happened if your critically ill loved one received full treatment and care?
- Do you feel like you want to continue treatment until you have come to terms with what your critically ill loved one is going through?
- Do you want to continue treatment until you and your Family have come to terms that your loved one may not fully recover and may actually die?
- Do you need more time, because you are waiting for other Family members to come in from interstate or from overseas and see your critically ill loved one and spend time with your critically ill loved one?
- Do you feel like you want a second opinion from another consultant?

There are probably more questions that you need to consider, depending on your circumstances and the list is not exhaustive, however the questions listed above are the ones that I have found to be the most important ones that are usually considered by Families of critically ill Patients in Intensive Care and you definitely need to ask questions based on your views, values and beliefs and also based on the insight I have just given to you. Do not take “no” for an answer. Challenge the Intensive Care team and keep asking questions.

## 6. Family dynamics

Now, believe it or not, a big part of the communication process in Intensive Care between teams, but especially in handover between doctors and nurses there is always a component of the handover where they talk about the Family and the Family dynamics of a critically ill Patient.

Now this is important for you to know, especially if you are having issues in your Family that the Doctors and nurses involved in your critically ill loved one’s care are aware of and especially if those issues impact on your critically ill loved one’s care.

To give you once again an example, if your critically ill loved one has a partner but is not married and your critically ill loved one and the partner are living together, the ultimate question would be who is next of kin(NOK) of your critically ill loved one?

Let’s say you as the reader of this Ebook are the Patient’s mother and you don’t like your critically ill loved one’s partner, but the partner wants to be NOK and you don’t think that the partner would act in the best interest of your critically ill loved one.

When it comes to the point where consent needs to be given for further treatment or for any procedures that requires consent, the situation could inevitably bring up further issues and health professionals are usually highly

sensitive when it comes to these interpersonal or Family issues and dynamics and it is often a much discussed handover item.

What you need to take away from this issue is that you, your Family and maybe your critically ill loved one's partner need to come to a peaceful solution that is in the best interest of your critically ill loved one. If you are having family issues, just forgot about those issues while your loved one is critically ill in Intensive Care.

Find a compromise who will be NOK for your critically ill loved one and make sure that it is someone who has your critically ill loved one's best interest at heart. Once you have found a suitable NOK and once you have your Family issues laid at rest, at least whilst you're dealing with your critically ill loved one's illness in Intensive Care, the Intensive Care team will stop talking about the issue.

7. **You and your Family's perceived understanding of the situation**

The Intensive Care team is talking about your and your Family's perceived understanding of the situation when you are not there.

What do I mean by that? By that I mean that whatever the doctors and the nurses perceive that you understand is really happening in your critically ill loved one's situation, is being discussed when you are not there. It is discussed in ward rounds, where the medical and the nursing team is following up on your loved one's condition, progress and management plan. It is also discussed during handover from doctor to doctor and nurse to nurse.

And what they are talking about is their perception of what you understand is really happening. And their perception is based on the level of questions you are asking or if you ask any questions at all. It is therefore so crucial that you get as much information as humanly possible about the situation that your critically ill loved one is in.

If you don't educate yourself quickly and if you don't educate yourself succinctly, you will have a hard time in the big machinery that is Intensive Care.

**Why do the doctors and the nurses talk about your perceived understanding of the situation?**

Well, they talk about it, because depending on what the Intensive Care team perceives how much you and your Family understand about the situation that your critically ill loved one is in, that's how they frame everything from that point forward.

Just like I was talking about in number 5, the doctors will pre-frame the situation and you can counter frame and challenge the situation depending on your knowledge and your understanding of the situation. That's why it is so critical to educate yourself quickly. You also have to keep in mind that doctors and nurses in Intensive Care are like fish in water. What do I mean by that?

What I mean by that is that they live and breathe Intensive Care. They live and breathe it through every pore of their skin. They are absorbed in it. Therefore it sometimes makes it hard for them to explain things in way that is understandable to people who don't know and don't understand the environment they operate in. Just like if you asked a fish what water is, the fish wouldn't have a clue.

Ask a person what is air? Can you explain it? It's a bit like that in Intensive Care for doctors and for nurses. It's what they do day in and day out!

The doctors and nurses are not going into too much detail of what is really happening and they tend to give you a bigger picture view of the situation and they only give you detailed insight if you ask succinct and detailed questions. It's as simple as that. And depending on the type of questions that you and your Family ask, you will be judged about your level of understanding of the situation.

Also keep in mind doctors and nurses tend to be time poor in Intensive Care, as it is a busy and stressful place. Once again, the better your knowledge and more importantly your perceived knowledge of the situation, the more the dynamics swing in your favour and the more bargaining and negotiation power you have.

Now, you might say, "Patrik, this is ridiculous, the doctors and the nurses are there to help and they are there to explain things to me."

You are right, they are often helpful and they often do explain things to you. But in how much detail they go depends on your ability to ask the right questions and your ability to leave no stone unturned. Finding the right answers depends on you asking the right questions. This is true in this situation just as it is true in other areas in life.

If you don't ask the right questions the doctors and nurses will perceive you as someone who "doesn't know what's going on" or as "someone who doesn't really has an interest in what is going on" and that perception makes it much harder for the doctors and the nurses to communicate with you and with your Family. It also makes it much easier for the Intensive Care team to drive their agenda…

I often see Family's of critically ill Patients in Intensive Care paralysed and overwhelmed by fear and that often leads them to being passive. Don't be afraid to ask questions and don't be passive. Show some interest, show that you have insight and show that you are not afraid of asking the right questions and stepping forward. As I have explained before, do just that and the perception of the Intensive Care team as well as the dynamics usually swing in your favour.

8. **Perceived Quality of Life of your critically ill loved one**

Perception is reality. I keep talking about perception. Why do I keep talking about perception? Because perception is important in your, your Families and in your critically ill loved one's situation in Intensive Care.

The doctors and the nurses are always talking and thinking about the outcomes and the prognosis of your loved one and the ultimate perception of what your critically ill loved one's Quality of life might look like in the future if your critically ill loved one survives Intensive Care.

Why is it important for you to know that the doctors and the nurses are talking about the "perceived Quality of Life" of your critically ill loved one if her or she survives Intensive Care?

It is very important for you to know because the doctors and the nurses in Intensive Care generally have no idea what your loved ones Quality of Life

might look like after Intensive Care. Why do I say that? Just like I mentioned before, doctors and nurses in Intensive Care are like fish in water. They live and breathe Intensive Care. Ask them what's happening outside of Intensive Care and they have no clue. They generally don't have a clue what is happening on a hospital ward, let alone what is happening outside of a hospital, once a Patient has left Intensive Care. So their perception of your critically ill loved one's "Quality of life" in the future outside of Intensive Care is a perception of the reality they are living in. The reality the doctors and the nurses in Intensive Care are living in is the reality of Intensive Care.

Once again, they don't have a clue what the "Quality of life" looks like outside of Intensive Care. They may have an opinion and they may well have a perception of what that "Quality of Life" looks like, but at the end of the day they just simply don't know. Just because your critically ill loved one is in Intensive Care at the moment doesn't mean that he or she won't have any "Quality of life" outside of Intensive Care in the future.

I can, once again, give you a couple of examples. I once looked after a young man who was in his late twenties after he fell of a scaffold while he was working on his job. He ended up with severe head injuries, rib fractures and kidney failure. He was in Intensive Care for a good 3 months and half of the time he appeared to be "half-dead" where the Intensive Care team thought he wasn't going to make it.

Fast forward, he eventually left Intensive Care and by that time he was still not 100% and he was still extremely confused, leaving us wondering whether he would ever go back to work and live a "normal" and healthy live. But as I mentioned before doctors and nurses in ICU don't have a clue what happens outside of Intensive Care.

About six or nine months later there was this young man back in Intensive Care again and this time he was not back as a Patient and he was back as a visitor. Not that he was visiting anybody in particular and he was visiting the Intensive Care Unit and he just wanted to thank everyone in the unit that they saved his live and he said that he was so grateful for what everybody has done for him. He also said that he doesn't remember a single thing, just a complete wipe out of memories whilst being in Intensive Care. He told us that he was back at work

and that he is enjoying life and that he is getting married soon. What an amazing story.

We don't get that too often in ICU that Patients come back and tell us how they went. But it's great if they do, because we simply lose track and if they do, it makes our work complete.

**Another amazing survival story**

Another example, there once was this 92 year old gentleman who collapsed in his garden after a heart attack. His wife started to resuscitate him and perform CPR while the neighbours were ringing the ambulance.

Fast forward, the 92 year old gentleman got admitted to Intensive Care and during a lengthy and difficult admission the odds were against this man and he was a fighter and eventually made it out of Intensive Care to the ward, with everybody thinking that he probably wouldn't have a fantastic Quality of life to go back to, given his age.

Fast forward, about three months after this 92 year old gentleman had left Intensive Care, his son came to visit the ICU just to let us know that his father was doing very well and that his father was well on his way to recovery. Once again, this is such great feedback to get from a doctor or nursing point of view.

It's amazing to hear that sort of thing. And it's getting even better. About another 3 months later the 92 year old gentleman comes back to Intensive Care, because he just had a follow up appointment with his cardiologist and he came to the ICU and he wanted to let everybody know that he is feeling very well, he is enjoying life and he wants to let everybody know how grateful he was for what everybody has done for him. What a fantastic story and this makes us as doctors and nurses feel so good in Intensive Care and once again we don't get that sort of thing all too often.

Now, those two examples are fantastic examples and thank god, those two Patients are extreme examples, but everybody in the Intensive Care also thought in both examples that the Patients weren't going to survive and if they were going to survive they would have no Quality of life. **That was based on our perception of reality as fish in water.**

**What exactly is "Quality of Life"?**

You and your Family need to ask yourself that if your critically ill loved one in Intensive Care is going to survive their ordeal, what his or her "Quality of Life" would look like and is he or she prepared to live with a lesser "Quality of Life"? That lesser "Quality of life" could be an intermediate step to a normal "Quality of life" in a few months time and it could also mean that your critically ill loved one will have a diminished "Quality of Life".

But what is important? Is it important to spend time with your loved one after discharge out of Intensive Care even if "Quality of Life" is not as good as before? The answers to those questions must be answered by you, your Family and by your loved one if he or she is able to answer those questions. It is not for doctors or for nurses in Intensive Care to make those judgment calls. They don't have to live with this decision. It is you, your Family and your critically ill loved one to make that decision, which is based on your perception and not on the doctors and nurses perception in Intensive Care.

## 9. End of life(the elephant in the room)

Yes, end of life is the elephant in the room in Intensive Care. Even though the statistics suggest that approximately 90-94 % out of all Intensive Care admissions leave Intensive Care alive, approximately 6- 10% leave a lasting and often literally life changing impact on everybody involved when they die.

First, let's quickly go to the statistics again and statistics from the ANZICS 2010 report "Centre for outcome and resource evaluation Annual report 2010" confirm these numbers and they pretty much apply to other countries as well. Approximately 6-10% out of all Intensive Care Unit admissions do not leave ICU alive. That means statistically speaking 6-10 admissions out of 100 admissions do simply not make it.

Those are the facts and numbers. What does that mean in the real world?

Well, it means that number one your critically ill loved one in Intensive care has a relatively high chance of survival if admitted to Intensive Care. Number two, it also means that should your critically ill loved one in Intensive Care fall

into the 6-10%, it is a traumatic, devastating and literally life changing experience.

End of life situations in Intensive Care tie right in with all of our previous points, where I gave you an understanding and insights, about what is happening behind the scenes and what doctors and nurses are talking about without you being present.

Furthermore, what is being talked about when you are there is largely dependent on your understanding of the situation, on the questions you ask and it's also largely dependent on the doctors and nurses perception of your understanding of the situation.

The same goes with end of life. If your critically ill loved one in Intensive Care is going to die, you may have already figured that this is what is happening. But in some end of life situations, especially in lengthy and delayed end of life situations and by lengthy and delayed end of life situations, I am talking about situations that can range from days to weeks and sometimes even months.

End of life situations where your loved one is dying fast are different. By fast I mean within a couple of days or even within few hours after admission to Intensive Care. In those situations the doctors and nurses would be very straight forward as they tend to see this coming very quickly and they would be upfront and straightforward so that you can brace and prepare yourself and your Family as much as humanly possible in such a devastating situation.

**Are there turning points that you are unaware of?**

In a situation where your critically ill loved one in Intensive Care approaches their end of life over sometimes many days, over many weeks or sometimes even many months it is a very different situation. There may be a turning point and this turning point may not be obvious to you and your Family as yet.

The Intensive Care team tends to know or see this turning point. This turning point could be a new diagnosis such as a heart attack, a bleed, a new Pneumonia or it could be just the look on your critically ill loved one's face.

Most Doctors and nurses in Intensive Care who have worked there for a considerable length of time can usually tell if a Patient is going to die or not,

because they have seen it before. And I can tell you that besides the doctors and nurses in Intensive Care talking about a particular Patient dying, the mood generally swings in an Intensive Care Unit.

If there is a Patient dying, especially one that has been in Intensive Care for a while and everybody knows about the Patient, the mood swings and a big cloud hangs over the Intensive Care Unit and everybody is very sad. That doesn't mean that the doctors and nurses aren't sad if a Patient gets admitted to Intensive Care and passes away within a few hours or a few days. But it is different, as the emotional connection and the bonding is usually not as strong as with a Patient and a Family that they got to know well.

But I can tell you that every death in Intensive Care is a tragedy for the Patient, for the Family and for the doctors and nurses as well, hands down.

So, once again, if your loved one has been admitted to Intensive Care and maybe he or she has been there for a while and your loved ones condition isn't improving, your job is to find out what is going on. Find out what the doctors and the nurses really think and really talk about when you are not there, because they have a good sense of whether your critically ill loved one in Intensive Care is going to survive or not.

Maybe you know it already, because your gut feeling is telling you. If you don't know and if you are in limbo, find out what the Doctors and Nurses aren't telling you verbally and maybe they are telling you non-verbally?. Do you think that the doctors and nurses aren't going to tell you that your critically ill loved one in Intensive Care is approaching his or her end of life, because they think that you and your Family wouldn't cope or you and your Family wouldn't understand?

Furthermore, the doctors and the nurses might be talking about a strategy on how to approach the topic and the end of life discussion with you, with your Family and with your critically ill loved one if he or she is awake and understands what is happening.

**It's challenging, difficult and heartbreaking**

Those are difficult, challenging and often heartbreaking discussions to have and if there is time and your loved one isn't suffering, that is a relatively good position to be in to approach the topic slowly and gently.

But once again I can't stress enough that the more information you have the better it is. Know that if your critically ill loved one in Intensive Care is approaching his or her end of life, that the doctors and the nurses already know and that this is part of their daily handover and daily routine. Your job is to find out about it and deal with it. Unfortunately you can't run away, however you can face it and stare death in the eye.

**That which you fear and don't face controls you. That which you fear and you face you can control.**

Do not jump to conclusions, sometimes a grim look on a doctor or a nurses face is just that. A grim look. It may have nothing to do with your critically ill loved one. Health professionals in Intensive Care tend to be stressed and the grim face might just be a result of dealing with a stressful and difficult situation with another Patient or with another Family. And keep in mind you are stressed too. So don't jump to conclusions or overanalyze. Just try and gauge the situation and most of all, ask the right questions and try and read the people around you.

### 10. Bed status, bed movements, new admissions and how it applies to your critically ill loved ones situation

I have briefly touched on these in point number 5, where I talked about management of the ICU budget and how it might impact on your critically ill loved one's treatment.

So any Intensive Care Unit has a limited and often fixed number of beds to allocate. As a rule of thumb, Intensive Care beds are scarce and are in demand.

There are some ICU's worldwide that often can't admit Patients due to a lack of beds or sometimes they might have a bed and they don't have any staff. To put it more succinct: ICU resources are a scarcity.

So when the doctors and nurses are making any predictions about your critically ill loved one's future or prognosis, one way or another the overall situation of the Intensive Care Unit comes into play.

This can be said when it comes to discharging your loved one to the ward and it also applies when it comes to end of life situations.

**Are some decisions made because of resource pressures?**

I have seen more than once that end of life situations have been rushed and suggestions of "withdrawing treatment" have been made with the knowledge and with the pressure that other admissions needed to get into the ICU. On the other hand, if your loved one is on his or her way to recovery and if he or she is close to being discharged to the ward, a decision to leave Intensive Care earlier is more likely if the ICU is fully occupied and there are other Patients waiting to get in.

Once again ICU resources are a scarcity and that tends to be the limited number of beds and sometimes the limited number of staff as well.

I'll give you another example so you can get and understand what might be going on behind the scenes.

Your 84 year old mother has just been admitted to Intensive Care with a rupture of an aortic aneurysm. Your mother hasn't been all that well and your mother was going to see a doctor and she left it until it was too late and she collapsed and luckily your mother's neighbour found her and she got admitted to Hospital. It was found that she had a life threatening rupture of her aorta, which is the biggest vessel in the human body. By the time of admission to hospital she had already lost a fair amount of blood and she went for emergency surgery. After the difficult surgery, which took about 9 hours to stop the bleeding and repair the vessel, your 84 year old mother got admitted to Intensive Care. She has been very unstable from the beginning as she obviously has lost a lot of blood and she also had a large amount of blood products reinfused in order to have the lost blood replaced.

Your mother has also developed an irregular heart rhythm during surgery that has caused her heart to fibrillate so that she had to have an electrical shock during surgery to get her heart back into a normal rhythm. Your 84 year old

mother has also gone into kidney failure, due to the length of time the kidneys haven't received sufficient perfusion during surgery. Therefore your mother is very unstable, not only because of the massive blood loss, but also because of the irregular heart rhythm that needed to be treated with an electrical shock and a defibrillator.

Your mother has a long standing cardiac(heart) history, leaving her short of breath at times and she is taking regular medication for her heart. Her quality of life has been better, but she is still relatively independent and she gets around the house without any help and she can still do her shopping.

Your mother has been admitted to a relatively small Intensive Care Unit with 10 beds on a Friday evening.

On Saturday morning you see your critically ill mother for the first time in Intensive Care and you can see that she is ventilated and that she is in an induced coma in order to keep her comfortable. You are holding her hand and you keep talking to her, even though she is in an induced coma to keep her comfort and company.

You can also see that the Intensive care Unit is very busy and that there are Patients in all beds. You don't think much about it as you are too stressed and you need to adapt to this new and challenging situation.

**The Intensive Care unit is full of very sick and very acute Patients…**

During the bed meeting in the morning, the nurse in charge and the ICU consultant realize that with a fully occupied unit and a lot of sick Patients that by Monday morning the ICU will still be fully occupied. T

hat would mean that Monday's operating theatre list with 5 admissions requiring an ICU bed would unlikely fit into the unit and some theatre cases would likely need to be cancelled with the Patient's surgery getting delayed until further notice.

Before starting the ward round the Intensive Care consultant wants to see the Patients who are the 'most stable' first, which puts your mother last on the list of Patients to be seen.

The ICU doctor and his team have seen 9 out of 10 Patients and they are now finally coming to see your 84 year old mother. It's already 1pm lunchtime. The ICU team has realised by now that the Intensive Care Unit is full of very sick Patients with a high level of acuity and very few Patients likely to leave the unit by Monday morning. The Intensive Care team also has Monday morning's operating theatre list in the back of their mind. They also know that it is winter time and that unexpected admissions can come up any minute. They also know that for the rest of the week theatre is going to be very busy with more surgical cases requiring an ICU bed.

The Intensive Care team is now finally seeing your mother and by the time the team approaches your mother's bed space and after they introduced themselves to you, the ICU consultant is going to ask you to leave so that they can do their ward round and do their investigations and examinations. You leave the bed space and you go back to the ICU waiting room, anxiously awaiting any news.

After about 20 minutes into the ICU team examining your mother, after looking at all blood results and x-rays, as well as after considering your 84 year old mother's pre surgery condition, the ICU consultant is asking his team of what they think the best course of action would be, in order to keep your mother's "best interest" at heart.

**The Intensive Care team is trying to decide the best course of action and they have the fully occupied ICU in the back of their mind**

Some of the more junior doctors think that treating your 84 year old mother full steam ahead would be the right approach. Another, more senior doctor suggests that talking to the Family first to get a better understanding of what your mother was like before surgery might be advisable, before making any further decisions. The nurse in charge also suggests that talking to the Family first would be a step closer in the right direction, as everybody at the bedside agrees that an acute Aortic aneurysm rupture with complicated surgery at your mother's age is unlikely to be straight forward and a full recovery might be questionable.

During the ward round the Intensive Care team also discusses your mother's kidney failure, which appears to be at the forefront of concerns.

Your 84 year old mother's bleeding is under control at this point in time and your mother's heart is beating normal as well. However, the biggest concern at this point in time is the kidney failure that either would need to be treated straight away, as your mother hasn't passed any urine since midnight and her blood results show that her kidneys have deteriorated massively.

The next logical step from an Intensive Care perspective would be to treat your mother's kidney failure ASAP however, the Intensive Care team also thinks that treating kidney failure with Haemodialysis only prolongs the inevitable. From experience, once Haemodialysis for kidney failure has been commenced, it would be more difficult to suggest a "withdrawal of treatment" from there, since first steps in the direction of treating the full clinical picture of your mother would have been undertaken.

After the Intensive Care team has finished the ward round at your mother's bed space, one of the more junior doctors comes to see you in the ICU waiting room and suggests a meeting in the next hour or so, to fill you in what is happening and to give you an understanding of what the next steps may be.

Ideally, you would like to have your spouse and one of your siblings to be there and you quickly phone your sister again to find out if she can come into hospital as well. You are not too worried about your own family, as you know that your spouse is taking care of the kids and that it'll be fine.

Half an hour later your sister is coming and 10 min later the Intensive Care team with the ICU consultant, the nurse in charge and another more junior doctor comes and sits down with you in one of the Family meeting rooms. The room has no windows, one table and plenty of chairs and it also has a couple of painted pictures on the wall.

**The Intensive Care team has serious business to talk about**

The ICU consultant opens the meeting by giving you a quick overview of what has happened in the last 24 hours and he explains what has happened during surgery and so forth. You understand most of it and you do realise that your 84 year old mother is very unwell and acutely sick. You do also understand that this is serious business, that it is life threatening and that your mother could well die from this event.

The ICU consultant continues to say that his major concern at this point in time is that your mother has developed acute kidney failure and that she hasn't passed any urine since midnight and that if the ICU team didn't treat her kidneys in the next few hours, further unwanted complications might develop. The Intensive Care Consultant also explains that from experience he knows that Patients with similar admission scenarios at your mother's age to Intensive Care usually do not do very well and they sometimes die or they stay in Intensive Care for long periods of time.

He then continues to ask of what your mother's quality of life was before surgery and what you and your sister think your mother would want in an event and in a situation like this?

Even though you realised how difficult and how serious the situation is, you swallow hard and you feel a bit teary but you can hold your tears back for now. You can also see that your sister can't hold her tears back.

You respond that you, your sister and your mother had never had any discussions about what should or would happen in the event of a critical illness. You sigh and now you can't hold back your tears any longer.

There is an awkward silence in the room for about a minute before the Intensive Care consultant says that he feels pressured to make a decision whether to treat your 84 year old mother's kidney failure in the next few hours or not at all. He says that not treating her kidneys would complicate things even more and he has concerns that if he does treat her kidney failure that the Intensive Care team might be able to prolong your mother's life but to what end?

**The "clinical facts" and how the options are presented to you**

I stop here for a minute before we go back into the conversation. So here you are, you and your sister have been presented with the "clinical facts" and you have been presented with two options. Number one, treat your mother's kidneys with relatively slim chances of survival and obviously nobody knows what the outcome is going to be. The doctor also mentioned that at your mother's age recurring and permanent kidney damage might develop with regular Haemodialysis requirements.

The other option presented to you and your sister is to “withdraw treatment” and let nature take its course. When the Intensive Care doctor is talking about the option of withdrawing treatment you and your sister start crying inconsolably. After a few minutes of crying you regain your composure again and you say, while looking at your sister, that you wouldn’t want to make a decision one way or another right here on the spot and that you would rather treat the kidney failure as a starting point until you and the rest of the Family have come to a conclusion. You and your sister are feeling overwhelmed. You ask your sister how she feels about the situation and she confirms that she feels similar to what you feel is the right thing to do.

You feel the gravity and the burden of the situation. You ask the ICU consultant what he thinks the right course of action is. The ICU consultant is staring on the floor for a minute, before he looks you in the eyes and says that he feels it’s in the “best interest” for your mother to “limit or withdraw treatment” and let nature take its course. He doesn’t feel that going through a lengthy period of prolonged treatment in Intensive Care is a worthwhile achievement as the outcome is uncertain. The Intensive Care consultant also stresses the fact that people at a younger age as your 84 year old mother do not recover well from aortic aneurysm ruptures or don’t recover at all.

He of course does not mention that the Intensive Care Unit is currently full and that they are also expecting 5 new admissions on Monday. You don’t feel pressured one way or another, however you do feel like the ICU consultant and the team gravitate towards “withdrawal of treatment” and letting nature take its course.

I stop this fictional conversation here and I hope I have given you a snapshot and some insights into what other factors might weigh into difficult conversations like that. I do not try to put too much judgement on the situation as I know both sides of the coin very well and on the one hand, there are the bed and resource pressures in Intensive Care that are a day to day reality and on the other hand there are the critically ill Patients, more often than not unconscious and unaware of their situation, leaving the critically ill Patient’s Family often in extremely difficult situations where they feel overwhelmed and unsure of what is about to happen.

**Ask for time if you are unsure**

I have seen these meetings and similar discussions over and over again and the bottom line is that in the event that you feel like you need to make a difficult decision like I have just presented in this case, you need to ask for time. You, of course can and even should ask the question regarding bed and resource pressures in the unit, to get a better feel of the situation. You can make your own judgement based on how the Intensive Care team reacts.

Those situations are also very often not black and white, like sometimes painted by the Intensive Care team. In this particular situation, you might need more time, because you need to get other Family members involved in the decision making process. Very rarely have I seen that Families have agreed to "withdraw treatment" on the spot, before asking for more time to think about the situation.

What is also important for you to know is that in our case study, where an 84 year old lady suffers from a massive aortic aneurysm rupture, the odds are probably against this lady, as I have seen many difficult recoveries after aortic aneurysm ruptures or leaks, however, there is always the one who gets through against the odds!

As I have mentioned before, do not let anybody put pressure on you making a decision right here and there. Take your time and ask the Intensive Care team to start treatment until you have come to a conclusion.  And last but not least, always listen to your gut, because your gut never lies!

I hope that this Ebook has served you well and I hope that it answered some of your questions already. For more information on a variety of topics, within Intensive Care, check out more of our Ebooks and also read our "**blog"** for more tips and strategies and the **"your questions answered"** section. Find the links here

http://intensivecarehotline.com/category/blog/

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you can also send me an email to support@intensivecarehotline.com if you have more questions

Sincerely, your friend

Patrik Hutzel

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