

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

7 Answers to the 7 most frequently asked questions, if your loved one is a critically ill Patient in INTENSIVE CARE.

Ok, 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 the Families in Intensive Care and it will give you an edge when dealing with the challenges, difficulties and complexities in Intensive Care. Our report series will help you finding **your voice, will help you taking control, power and influence decision making** in the jungle of complexities surrounding Intensive Care.

You think you have just lost control over your life. You feel frustrated, out of control, helpless, overwhelmed, challenged and you feel like other people are making decisions and you feel like other people are driving the bus.

Here is what to do about it, so that you don't feel helpless, but in control of the situation, that you feel powerful and influential.

This Ebook will help you to get through that difficult and sometimes traumatic experience, when your loved one is critically ill in Intensive Care.

In this Ebook you will discover what most Families of critically ill Patients want to know if their loved one has been admitted to Intensive Care. I have found in more than 13 years Intensive Care nursing experience that those 7 questions are the most Frequently asked questions that Families have if their loved one is critically ill in Intensive Care.

In those 7 most FAQ you'll discover

- How long your critically ill loved one is meant to stay in Intensive Care

- How many critically ill Patients in Intensive Care survive
- How the Intensive Care Unit manages pain for their critically ill Patients
- What support is available for critically ill Patients Families and what you should do about it
- What you need to know and what you need to do if your critically ill loved one is unconscious and/or in an induced coma
- If your critically ill loved one is going to remember anything about their stay in Intensive Care
- What you need to do if your critically ill loved one shows signs of confusion, delirium or short term memory loss
- What the chances are for your critically ill loved one to fully recover from their critical illness

1. How long is my critically ill loved one going to stay in Intensive Care?

Facts& Figures from the 2010 ANZICS report:

- **Average length of stay in Intensive Care in 2010 in Australia& New Zealand: 1.8 days or 43.2 hours**
- **Average length of stay in Intensive Care Units in the USA from 2002-2008 was around 4.33 days or 103.9 hours**

If you have come to our www.INTENSIVECAREHOTLINE.COM web page chances are that your critically ill loved one does not fall into the above category. Length of stay in Intensive Care is generally hard to estimate and it very much depends on the clinical issues your loved one is facing. The length of stay in Intensive Care very much depends on the nature of injuries sustained, the type of surgery or what other conditions or illness your critically ill loved one may face.

Furthermore, depending on the nature of injuries/ nature of condition/ illness or type of surgery, as well as the nature of any pre- medical history being

present, complications may come up that lengthen your critically ill loved one's stay in Intensive Care.

Nevertheless, the Multidisciplinary team(Nurses, Doctors, Physiotherapy etc...) in Intensive Care, will ensure that your critically ill loved one will be receiving the right treatment and the right care at the right time in order to maximise your loved one's chances of a full recovery.

It's very important that you have trust and have confidence that things will turn out well. It helps you to stay optimistic and focused. Whilst this is easier said than done, it is crucial and paramount for you and your Family's own sanity and your positive mindset is often one of the few things that you have control over whilst your loved one is critically ill in Intensive Care.

Reality sometimes is bleak and harsh and very often the Doctors and Nurses in Intensive Care are telling you the truth, when they say that your critically ill loved one has a very poor prognosis. However, even though a lot of treatment is standardised at least in developed countries around the world, if not very similar almost worldwide, you also need to keep in mind that each case can be very different and similar cases with similar treatment have different outcomes.

Predicted outcomes might deviate from what is expected. Intensive Care means dealing with the unexpected and the unknown, often in an instant.

That is very often hard to understand and hard to stomach, if you are standing on the other end, waiting for the good news about your critically ill loved one. Always keep in mind that the people working in Intensive Care are like "fish in water" and that they live and breathe Intensive care day in and day out.

You and your Family on the other hand, you are like "fish out of water" and therefore you are out of your comfort zone. The Intensive Care team on the other hand are often within their comfort zone.

Keep asking questions if you are unsure about anything that happened or is about to happen. Get support. Don't stay in Intensive Care 24 hours a day. Get all your Family involved.

My experience in more than 13 years Intensive Care Nursing experience has shown me that being a Family member of a critically ill Patient in Intensive Care is almost as stressful as being a Patient in Intensive Care.

You and your Family need to look after yourself. Whilst it is very important for your loved one that you are with him or with her whilst in Intensive Care, it is also critically important for you and your Family to take brakes and to not forget that life has to go on, regardless...

2. Is my loved one going to die in Intensive Care?

Facts& Figures from the 2010 ANZICS report: ICU Mortality during first ICU admission 6.6% or 7,272 out of all admissions to ICU(total admissions to Intensive Care in 2010 in AUS& NZ 110,191). In other countries such as the USA and the UK some figures suggest that up to 10% of Intensive Care Patients don't survive their stay

Compared to the overall hospital mortality of 10.2%(meaning how many Patients die within hospitals generally, not only in Intensive Care)

No matter how shocked or surprised you are by these figures. They are only figures.

Don't get me wrong. If you or your critically ill loved one dies in Intensive Care this is serious business. Whether you are young or old, nobody wants to die in Intensive Care, despite of all the efforts of the ICU staff.

Once again, whether your critically ill loved one dies in Intensive Care is dependent on a number of things and it's rarely black and white. You have to run a few scenarios in your mind.

If your critically ill loved one does survive, what are chances of a good and a full recovery and a good Quality of life? You and your Family might have to think about what your loved one would want, since he or she is often not in a position to decide and you and your Family are the decision makers. This can be a big burden and once again, try and get support and different points of view before making any decisions.

Sometimes, depending on the clinical circumstances, you and your Family might be forced to make a decision very quickly, as the circumstances might demand this from you.

Furthermore, death is a very scary topic and society in general is trying to avoid talking about death at all cost and if they do talk about it, it is very rarely in a civilised or constructive manner, i.e. the media trying to sell 'stories' about death. Death just doesn't seem to go well with our perceptions of being fit, young and healthy- but the reality is that death is part of life. The sooner you realize and embrace that death is part of life, the better this will be for you, for your Family and for your sanity.

I learned that death is part of life in many years of Intensive Care Nursing, because life and death are always part of what we do in Intensive Care. And in the meantime, I think I can say that I'm not afraid of death, because I have seen it over and over again.

3. Is my critically ill loved one in pain whilst in Intensive Care?

Nobody wants to be in pain and nobody wants to endure either emotional or physical pain. The reality is that unfortunately both, emotional and physical pain are part of the journey, whilst being a Patient in Intensive Care.

Whilst the physical pain can be more attributed with your critically ill loved one, you as the Family member or Next of kin, you are suffering the emotional pain.

Once again, the multidisciplinary team in Intensive Care will make sure physical pain for your loved one is minimized, by administering the appropriate pain medication. There will be times however, when pain killers might have to be reduced or withdrawn, especially when your critically ill loved one is in a medically induced coma(=a deep state of unconsciousness). The withdrawal of painkillers helps the doctors and the nurses to determine your critically ill loved one's level of functionality and also helps your loved one to regain consciousness, as the pain killers might mask the level of functionality and the

level of real pain or it might stop your loved one from “waking up” and/or getting out of the medically induced coma.

A medically induced coma is a temporary state your critically ill loved one, has been induced to, with the aid of intravenous drugs such as sedatives (drugs that put a Patient asleep such as Propofol, Midazolam, sometimes Thiopental) and opiates (pain killers such as Morphine, Fentanyl or sometimes Ketamine).

Throughout the medically induced coma, your loved one’s critical life functions such as heart beat and heart rhythm, blood pressure, ventilation, feeding, urine output are constantly monitored and managed, by either partly or completely taking over the functionality of those critical life functions.

The concept of inducing your loved one into a coma, is a very safe option of maintaining critical life functions for your critically ill loved one and is something Intensive Care Units are doing on a day to day basis and thanks to the specialist skills of the doctors and the nurses in Intensive Care, it is generally speaking no big deal to manage your critically ill loved one safely.

There are however rare instances where a Patient might be induced into a coma, not only to preserve and maintain critical life functionality. There are instances where a Patient might not survive the induced coma, usually due to the nature of the critical illness and the nature of injuries sustained. If you are unsure if your loved one is in a medically induced coma and if you think chances of survival might be low, ask the doctors and nurses in Intensive Care.

4. Is there enough support to guide me, my Family and my critically ill loved one in Intensive Care through this very traumatic experience?

Generally speaking, Intensive Care Units have gone a long way in the last ten years in order to improve the support mechanisms for Families whose loved ones are in Intensive Care. Keep in mind, depending on the reason for admission of your critically ill loved one to Intensive Care, this is very often a traumatic, confronting, sometimes life changing and very often a ‘once in a lifetime’ experience. It can be and it often is an emotional rollercoaster for

you, for your Family and for your critically ill loved one, especially if the stay in Intensive Care is a prolonged one and with an uncertain outcome.

The most important thing you need to know is this: Your critically ill loved one is in good hands. The Nurses, the Doctors, the Physiotherapists and everybody else involved in your loved one's immediate care are providing the best possible care for your loved one. There are of course limitations in an Intensive Care environment, but trust me, within that environment, your critically ill loved one is safe.

In terms of support mechanisms for Families who have a loved one in Intensive Care, there are usually the people who are involved in the immediate care of your critically ill loved one, like the nurses and the doctors who can answer some of your mainly clinical questions and they are usually also able to guide you through this experience.

I am also very aware of the fact that especially when it comes to a long-term stay of your critically ill loved one in Intensive Care there may be numerous other issues attached that you and your family have to deal with. Some of the main issues would be:

- Spending most of your day and sometimes the night in Intensive Care to be with your critically ill loved one
- Unhealthy interruption and irregular eating and sleep pattern
- Under-aged children might have to be looked after by relatives or friends, whilst your critically ill loved one is in Intensive Care and you need to be with them
- Loss of income due to the nature of the hospital stay of your loved one, if your loved one is in paid employment
- Loss of income if your loved one is running a business
- Loss of income after paid time has been taken off work, for yourself or one of your Family members, if your loved one continues to stay in hospital and you want and need the time to stay with him or her

- Long travelling times for you and your Family, depending on where you live and which hospital you have to travel to
- Sometimes interstate travel and a hotel, B&B or other alternative accommodation costs, add up to the list of expenses
- Car parking expenses, as car parking, especially in inner City hospitals is very expensive
- You might be unable to access bank accounts and funds of your loved one, as bank accounts sometimes might not be in joint names

The list could probably go on and is not exhaustive, but this is what I found are the most common and urgent problems you might face if your loved one is critically ill in Intensive Care.

Usually, what happens, especially with social, financial and legal issues, a social worker will make contact with you. You might have to ask for it, but do not hesitate to do so, if you feel like you need help and support. Try not to be a 'hero'. This is a very traumatic and difficult time in your life and you might not be able to and neither should you carry all the weight of the responsibilities by yourself. Get help! Keep looking after yourself, as this is just as important for the recovery of your loved one as it is for your own health, well being and most of all your sanity!

5. If my critically ill loved one is unconscious or in a medically induced coma, will he or she still remember or feel that I am there with him or her?

This is a question I encounter all the time. The answer? Well, your critically ill loved one is unlikely to remember any details whilst being critically ill Intensive Care.

Part of this 'amnesia' or memory loss, is obviously the comatose/ semi-comatose condition or the general 'drowsiness' of critically ill Patients in Intensive care.

Some or even most Patients in Intensive Care do not remember any details of their stay and they do remember episodes of their stay and they often report remembering their loved ones talking to them and being with them during a critical time in their lives, even though they do not remember the exact details of conversations.

As pointed out in question number 4 of the report, I do not recommend for you to stay in Intensive Care 24 hours a day, but I strongly recommend for you and your Family to spend as much time with your loved one as you think is appropriate for him or her, in order to get the best possible recovery with your and your Family's support.

6. What if my loved one is confused, drowsy or what if he or she has lost their short- term memory?

You might find that once your loved one has come out of the induced coma, he or she might go through a phase of drowsiness, confusion and agitation or if your critically ill loved one has a severe head injury the condition is usually described as PTA or Post- traumatic Amnesia.

During this often temporary phase you might see a distinct personality change in your loved one. Personality traits might have changed distinctly and this may present itself in abnormal, disruptive behaviour, such as aggressiveness, disorientation, cursing, inability to follow simple instructions etc...

Whilst I have found that this pattern of unusual and disruptive behaviour might cause some distress for you and for your Family, as you might see some personality traits of your loved one you wish you may not have seen, it is very important for you and for your Family to put this unusual behaviour into context and into perspective and you may have to accept this behaviour as being temporary and also being triggered by the therapy/ treatment and nature of the illness/ injury.

This unusual behaviour can also be attributed to the side effects of the ICU Therapy such as sedatives, opiates and other drugs given.

You might also feel like nurses and doctors 'put up' with verbal abuse, sometimes dealing with a level of confusion and aggressiveness from your loved one that has previously been unknown. Nurses and doctors in Intensive Care are able to put this unusual behaviour into context and into perspective and most of the time they are able to deal with it very professionally and in a mature way. They do not take it personally. So stop apologising for your loved one. Your loved one will not remember any of it.

7. What happens after my critically ill loved one will get out of Intensive Care? Will he or she fully recover?

Chances are that if your critically ill loved one survives Intensive Care, a partial or full recovery is possible. Having said that it obviously depends on a number of factors, such as the reason(s) for admission to Intensive Care, age, premedical history, support mechanisms and support systems, intrinsic resources(i.e. how does your loved one deal with crisis and adversity), general resilience, outlook on life(glass half full vs half empty) etc... the list could probably go on and one may have to look at the individual in order to determine other factors.

The reality also is that a full recovery after a prolonged stay in Intensive Care might take time and here I am talking about the physical as well as the psychological and emotional recovery. Both might take time. Give it time. Reflect. You may find that you, your Family and your loved one come out much stronger at the other end. You may find that the things you used to worry about in the past do not worry you any longer, as the experience in Intensive Care has shown you that life is a precious gift, that must not be wasted and that must be lived to the fullest.

Whilst writing these last lines of this report, it reminds me of a quote that I have read recently and it moved me deeply and it made me aware of the

limitations we all face, one way or another. It goes like this: “Death twitches on my ears. ‘Live’, he says I’m coming”.

Your loved one might go on to rehabilitation after the Intensive Care stay and after the hospital stay. So give it time.

The other issue I would like to shed some light on, is that Intensive Care health professionals, whether doctors or nurses, are not the best people to ask to how well your critically ill loved one is going to recover outside of Intensive Care. They are experts at what is happening in Intensive Care, but they are not experts outside of Intensive Care. Therefore, keep in mind that whatever the doctors and nurses may tell you, as soon as your critically ill loved one is leaving Intensive Care, they often have no idea what is happening from there on. Keep in mind that the Intensive Care staffs goal is to keep your critically ill loved one alive and then to get them out of Intensive Care. That’s what they are the experts on.

I hope that this report 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 reports and 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/>

<http://intensivecarehotline.com/category/questions/>

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

Sincerely, your friend

Patrik Hutzl

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