

# INTENSIVE CARE HOTLINE

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

Follow this proven system to avoid the 3 most dangerous mistakes that you are making but you are unaware of, if your loved one is a critically ill Patient in Intensive Care.

Avoid these mistakes and you can exercise more control, power , gain influence and get PEACE OF MIND FAST, in an environment where other people are in control.

Get this one wrong and you'll lose control fast, during a time where your critically ill loved one and your Family needs you the most!(it is hard to ask the right questions, without the 'behind the scenes' insights)

This Ebook gives you a summary and take away action steps that'll show you how to stay in control of the situation and gain control, power and influence fast!

Ok, welcome to another Ebook in INTENSIVECAREHOTLINE.COM's Ebook 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 Ebook series will help you finding **your voice** in the jungle of complexities surrounding Intensive Care.

**By the end of this report you will have discovered**

- 3 “killer” tips& strategies how to prevent mistakes you are making while your loved one is critically ill in Intensive Care
- How to eliminate fear, frustration, stress, struggle and vulnerability

- How much time you should spend in Intensive Care with your critically ill loved one
- What exact questions you need to ask the doctors and the nurses in each situation
- You discover what you need to know, understand and ask before your critically ill loved one gets discharged to a hospital ward
- You discover how many people in Intensive Care die and therefore you'll understand the odds for your critically ill loved one
- You discover why staying positive is so important
- 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 Intensive Care
- How to make meaning out of your situation during a time of crisis
- What "Quality of Life" really is and why it's only perceived
- Why it's so important that you and your Family don't panic, no matter what

### **Discover how to effectively deal with fear, frustration, stress and vulnerability**

Chances are that if you have come to this Ebook, you are seeking answers to your questions, because your loved one is critically ill in Intensive Care and you, your loved one and your Family are experiencing one of the most stressful and traumatic times in your life and you are probably feeling overwhelmed, challenged, frustrated, vulnerable and fearful.

But remember knowledge is power and in this report you get a lot of "behind the scenes" insight and take away action steps that'll help you to stay in control, have more power and have more influence if your loved one is a critically ill Patient in Intensive Care.

And looking for answers is a step in the right direction and in this Ebook you'll get some very useful advice on how to improve your, your Family's and your critically ill loved one's situation. So give yourself a pat on the back for taking action! Well done!

I also hope that you have read our **“Instant Impact”** report, which hopefully gave you some insights and coping strategies already and I hope that the **“Instant Impact”** report served you well.

In this report you will get even more insight of how you can effectively deal with your fears, frustrations, your struggles, your vulnerability and how you can turn the situation around so that you feel powerful, in control, influential to the point where you are mentally well positioned and mentally strong so that you can deal with adversity!

After more than 15 years Critical Care Nursing Experience, I had the privilege to guide many critically ill Patients and their Families through one of the most traumatic, challenging and frustrating times in their lives, whilst they have been going through the stressful journey in Intensive Care.

### **Having a loved one in Intensive Care is often a “once in a lifetime” situation**

You see, in most cases, being admitted to Intensive Care is more often than not, a once in a lifetime experience and neither your critically ill loved one, you and your Family are planning to come to Intensive Care. Why would you? Out of all places you certainly don't want to be in Intensive Care. The fact of the matter is however, that being a critically ill Patient in Intensive Care, brings massive challenges for your loved one, for you and for your Family. You and your Family are very likely out of your comfort zone, you are feeling stressed, frustrated, challenged and vulnerable.

### **People from all walks of life making similar mistakes**

Generally, people are different and in Intensive Care, I meet people from all walks of life and I meet people from different backgrounds and from different nationalities. I meet rich people, I meet poor people, I meet young people, I meet old people, I meet people with a supportive Family and I meet people with a less supportive Family.

It doesn't really matter. Regardless of people's background or Family dynamics, I have seen pretty much all people making similar mistakes, when their loved one is a critically ill Patient in Intensive Care- and more often than not- it is having a direct or indirect negative impact on you, your Family and your loved one who is critically ill.

**Let's start with the three common mistakes** that I see over and over again and how you can avoid them. Some of those mistakes that I will be pointing out might

be contrary to popular belief and they might appear to be counter- intuitive at first. My clinical experience however has shown me that sometimes going against your intuition and against popular beliefs is the right thing to do.

### **Mistake Number 1: Spending too much time in Intensive Care**

Now, I am personally a big believer that Critically ill Patients in Intensive Care need their loved ones around, in order to get better or when their critically ill loved one approaches their end of life, because even though most Patients can't remember their time in Intensive Care, they can remember having a Family member or friend there that talked to them or held their hand. Whatever the case may be, you need to manage your energy during this stressful and traumatic period in your and your Family's life, because otherwise you'll be running out of energy and out of steam fast.

#### **Physical presence does not equal emotional presence**

Your critically loved one is in Intensive Care and he or she is in the best of hands and once again, he or she won't remember much of the journey. Let the doctors and the nurses take care of your critically ill loved one, that's what they do best. It is much better to save and manage your energy during times when you are out of your comfort zone, as your loved one will need you, once he or she is out of Intensive Care.

Once your loved one is on a ward and is recovering there, that's when he or she needs you the most. And I am not saying that you shouldn't be there, but I have seen too many Family members of Critically ill Patients staying day and night in Intensive Care, with the result that they get run down, burn out and lose energy and steam fast, sometimes to the point of a nervous breakdown. And keep in mind, you might have children, you might have parents, you might have a spouse or you might have a professional life that you may or may not be able to neglect.

Whatever the case may be in your unique circumstances, number one priority is the safety and sanity of you and your Family- and in order to stay sane and safe during this traumatic and stressful period in your, your Family's and in your critically ill

loved one's life- you must take care of yourself first and you do that by getting a good night's sleep, by eating properly and by getting regular breaks.

This is easier said than done, I know, however it is so crucial for your and your Family's emotional and physical wellbeing that you don't spend day and night in Intensive Care. Your loved one will feel when you are there and he or she will also feel that less physical presence doesn't necessarily mean less emotional presence. In fact, by getting regular breaks, your loved one will feel your rejuvenation, your presence and your engagement, and he or she will feel the good vibes coming from you and your Family, if they are all looked after.

Less may actually be more in the true sense of the meaning. Quantity time spent does not necessarily equal Quality time spent!

### **The Intensive Care Unit is only a phone call away**

And the Intensive Care Unit is a only a phone call away. It is a 24/7 environment and the Intensive Care staff understand and appreciate that you are ringing a few times a day if you are not physically present. The ICU staff do understand and appreciate when you are ringing in the middle of the night to get an update on your critically ill loved one's condition.

Now, in some very tragic and traumatic instances you will stay the night in Intensive Care, however don't let this become a regular occurrence, if your loved one is critically ill in Intensive Care for many days or many weeks, or if you do need to do it, take turns with other family members.

I have seen so many Family members run down physically and emotionally if they spend too much time in Intensive Care, especially if the recovery of your loved one in Intensive Care is a lengthy one and not straightforward. By lengthy, I mean 10 days or longer, because I have seen that usually around the day 10 mark, people are getting even more nervous and anxious and it's usually also around the day 10 mark, where the first signs of physical and emotional exhaustion show up.

The other advantage when you are managing your and your Family's energy and sanity well, is that whenever you are dealing with Intensive Care staff, whether that be doctors, nurses, the receptionist or anybody else in the unit, everybody can feel that you have internal resources and strength left inside you and that whatever else the situation might be throwing at you, you and your Family can deal with it.

This will help your loved one too. Intensive Care is an unpredictable, volatile and highly charged environment and good and bad things happen. Sometimes things are not straightforward and don't go as planned. Patience sometimes is the key to being a Patient.

### **Summary and take away action steps**

- Take regular breaks to recharge your batteries so that you can be fully physically and emotionally present so that you can engage when you are visiting your critically ill loved one
- It's all about Quality time, not Quantity time
- Take turns with other Family members and friends so that you can split the time into manageable chunks of time that don't turn into overwhelm
- If you think you need time out, leave and stay in contact via phone with Intensive Care staff, they will answer all of your questions and concerns 24/7
- If you can, look after your children or elderly parents. If you can't, have other Family members or Friends take care of them. Make sure everybody's physical and emotional well being is taken care of, because it'll help everybody in the long run!
- Bond with other people in Intensive Care that go through a similar experience. Share your experience with them and they'll share their experience with you. Help and support each other. Build 'informal' groups and you'll learn and you may be able to put things in perspective by learning from other people's ordeals
- Let the Intensive care staff know when you are struggling with having to juggle a Family and also when you are feeling the duty to be with your critically ill loved one as often as you can. The Intensive care staff will understand and they will usually refer you to a social worker. It is nothing to be ashamed of to struggle in times of crisis, and if you do, let other people know so that they can help
- Listen to non-clinical staff such as social workers, they very often give good advice what to do in highly stressful and traumatic situations

## **Mistake 2: Not asking the right questions and not making up your own mind**

Now, if your loved one is a critically ill Patient in Intensive Care, there are a number of scenarios that may have occurred prior to your loved one being admitted to Intensive Care.

The 3 most common and general scenarios that you must know so that you can ask the right questions are

- A) Your loved one is critically ill in Intensive Care and it is life threatening
- B) Your loved one is critically ill in Intensive care and it's not life threatening and it's very likely that your loved one will recover with the outlook of a good or normal Quality of Life
- C) Your loved one is critically ill in Intensive Care and it's not life threatening and the general perception is that a good or normal Quality of Life may not be achieved after discharge out of Intensive Care

By the time you are reading this report, you probably know in which of the three categories(A, B or C) your critically ill loved one fits in and with the action steps you are learning you can then put the right questions forward to the Intensive Care team and you will also be able to ask the right questions for you and for your Family, in order to deal effectively with the situation.

### **Looking into the mind of doctors and nurses in Intensive Care**

In order to ask the right questions in each scenario, you must know a little bit more about how an Intensive Care Unit operates and you must know a little bit more about the mindset of people working in an environment like Intensive Care and then we'll get back to how you should proceed in each scenario. So let's take you "behind the scenes" so to speak for a little while, before we zoom out again, in order to answer your questions.

Now, most people working in Intensive Care, whether they are Doctors, Nurses, Physiotherapists and support staff have one thing in common. They tend to be optimists. In more than 15 years Critical Care Nursing Experience, I haven't seen many people who are pessimists working in an environment like Intensive Care, generally speaking.

If I have seen pessimists working in Intensive Care they didn't last too long. Generally people love working in Intensive Care. They get tremendous internal reward and satisfaction out of what they are doing.

So for you, who is coming into this stressful, busy, noisy and sometimes highly charged environment- often totally unprepared- your world is tumbling down, you are out of your comfort zone and you feel vulnerable. And of course your world is tumbling down, because your loved one has just been admitted to Intensive Care.

It is here where two totally different paradigms or frames of mind are meeting. On the one hand it is the very often distressed Family of a critically ill Patient who are experiencing one of their most traumatic and most stressful times in their lives and on the other hand you have the gentle, caring and calm nursing and medical staff who love to interact with both the Patient and their Families during one of their most stressful times in their life. It is here where you can probably sense that people working in Intensive Care love what they do.

So what does this have to do with what questions you should ask in each scenario that I mentioned above (scenarios A), B)& C))?

A lot. Now that you have had some insight in how people working in Intensive Care operate, now we can drill down into your questions.

### **How many people die in Intensive Care?(you'd be surprised about the answer)**

Let's start with question A) where your loved one is critically ill in Intensive Care and it is life threatening.

Most Families of Critically ill Patients in Intensive Care think that death is imminent and can happen at any time and they also think that a lot of people die in

Intensive Care. Whilst this is true in some instances, keep in mind that Intensive Care is a fairly well controlled environment and if your loved one made it through the Emergency Department into Intensive Care, he or she has gone a long way already.

In order for you to determine the right questions to ask, if your loved one is critically ill with a life threatening disease or injury you must know the following facts& figures:

**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). Compared to the overall hospital mortality of 10.2%**

I believe that these numbers are not too bad, considering the stuff that's coming through the ICU doors generally and also considering that the Patient population is getting older, as we are living in times where people are living longer.

Let's start with the good news. In Intensive Care we can pretty much control all organs, starting from the lungs, the heart, the liver and the kidneys, almost for an indefinite period. Meaning we can keep people alive for long periods of time. There are some instances where we can't keep people alive, but once again, if your loved one has gone through the Emergency Department, he or she has taken a big step already.

But here are the bad news. There is one organ we can't control in Intensive Care and that is the brain. Brain and Head injuries can be very nasty and the brain has a life on its own and everybody in Intensive Care fears head or brain injuries as we can't control the brain. It's nasty stuff.

### **Intensive Care 101 for Families- stay positive!**

Furthermore, it is also very important that you stay positive. I know that this is easier said than done. But it is absolutely vital that you stay positive in such a critical situation. It helps you, your critically ill loved one and your Family. Positive vibes can work wonder. Those positive vibes create positive energy and your critically ill loved one and the rest of your Family can feel those positive vibes.

I remember a few Patients in the past that I was privileged to look after and they were very sick Patients, with an extremely poor prognosis, but everybody kept on fighting and kept up their spirits and it certainly helped for those Patients and their Families.

The other case I remember vividly was this gentleman that I was privileged to look after who was in his mid 70's, who after cardiac surgery ended up resuscitated for about one hour on an open chest and he was given very little chances to survive his ordeal and I remember that he was in an induced coma for many weeks, before an attempt to wake him up was undertaken. His prognosis was generally very poor, as he had multiple co-morbidities and the medical and the nursing team didn't have too many expectations for this gentleman to recover. The Family of the Gentleman always stressed from day one, that he is a fighter and that he has been through so many things in the past that they don't want to give up on him and that he may recover. The Family was also realistic about the outcome and they were prepared to let nature take its course if that would have been the case.

Cutting a long story short, this gentleman 'miraculously' recovered and went to the ward after about 8 weeks in Intensive Care. This story to me clearly underlines the importance of you and your Family knowing your loved one and also listening to your gut and to your instincts. Be realistic and also prepare yourself for the worst, but do not ignore your gut feeling and your intuition, because your gut never lies.

The Intensive Care staff have the medical, the nursing and the technical skills to look after your critically ill loved one, but they don't know your loved one as well as you do. You know best how your loved one deals with adversity.

### **So what exactly are the magic questions that you need to ask?**

Without knowing exactly why your critically ill loved one has been admitted to Intensive Care, but knowing that he or she is in a life threatening situation, the questions that very few people ask if their loved one is a Critically ill Patient in Intensive Care with a life threatening injury or disease are

- What are the chances of survival in percent?(50/50) (20/80) or whatever other number people may give you, you get a rough understanding of where your critically ill loved one is heading

- If my critically ill loved one is going to die, is death imminent or is it going to be a “controlled” death, with time for us to say our goodbyes and have peace of mind?
- If death is imminent, can we have a private room in the Intensive Care Unit to spend time with our loved one in privacy and dignity
- In some instances your loved one’s end-of life might be approached in a home care environment, if he or she has a Tracheostomy and requires mechanical ventilation for life support. Check out [www.intensivecareathome.com.au](http://www.intensivecareathome.com.au) for more information
- If death is imminent and unavoidable, can we choose the time of discontinuation of life support? I personally believe you should, as the time of death should be in your hands if possible and not in the hands of “bed managers” who try to manage admission and discharge times of Patients (what I am trying to say here is that the time of death should not be a time determined by bed management pressures. Period. By you having an awareness of possible bed management issues, as ICU beds are a scarce, precious and expensive resource, you can ask the right questions and influence the outcome).
- Furthermore, keep in mind that the Intensive Care team generally do not tell you the “best” possible outcome is going to happen. Even though they are optimists, they don’t want to be held liable for any positive outcomes they might promise and those positive outcomes may or may not occur
- Listen to your gut and know your loved one. How well does he or she deal with adversity? Do you think he or she has the strength to pull through? You should be asking this question irrespective of what picture the doctors and the nurses paint

### **Accept and understand that death is part of life and make meaning out of it**

I understand that these questions are very confronting and the whole experience in Intensive Care can be very confronting, but if I can share with you my biggest takeaway after more than 15 years in Intensive Care Nursing and that is that death is part of life.

And the minute that I realized and accepted this very fact of life, I felt relieved. The sooner I stared death in the eye the better it was for my personal development. I know this is blunt, but it is a reality and fact. We are all going in the same direction, meaning we all die sooner or later.

I clearly remember struggling in my first two years in Intensive Care whenever I was dealing with Patients and the Families of Patients who approached their end of life in Intensive Care. It was a real challenge. Over the years I have found that guiding and caring for Patients and their Families through the end of life process and through the challenge of dealing with the inevitable is a tremendous privilege and not a burden.

That doesn't mean that I don't enjoy looking after Patients who fully recover and leave Intensive Care, but I am aware that there are not many professions in this world where part of the duties is caring for a dying person and their Family.

In your situation it might also help if you try and make meaning out of the situation. Try and find meaning in adversity. Is there is anything good going to come out of the situation? Try and find it. You will find it if you keep looking for it. Is it that you and your Family might get stronger after adversity? I don't know what it is in your specific circumstances, but keep looking if you haven't found it yet.

### **Let's look at the next example**

Let's now move on to scenario B) where you might find that your critically ill loved one is only staying in Intensive Care for a short period of time, a couple of days or less, or maybe your loved one stays in Intensive Care for longer for a variety of reasons(Cardiac Surgery, Ventilation, Dialysis, ECMO etc... to name a few), but it is not life threatening and it is foreseeable that your loved one will go out to a hospital ward, without any further complications or delays.

If this is the case, you need again, a little bit more insight of what is actually happening "behind the scenes" so to speak so that you can ask the right questions.

So you know that your loved one is very likely leaving Intensive Care very soon with the likelihood of him or her fully recovering. That's great! Congratulations!

### **Asking about medication your loved one is getting**

You still want to have as much information and influence as possible and you might ask about medications your loved one needs to continually take and how that might impact on your loved one's life, as very few people leave Intensive Care without being on regular medication for Anticoagulation(Blood thinner), Heart Rate, Blood pressure management, Kidney management to only name a few.

Intensive Care staff take for granted of whatever drugs we are giving in Intensive Care that 'people just get on with it', however for you who doesn't know any of the effects or the 'ins and outs' of some of the medications your loved one is given, you should ask- and don't be afraid to ask. Knowledge is power.

Ask for the specific drug names and you can get a hell of a lot of information via the internet obviously, as well as from the Intensive Care staff(Doctors, Nurses and Pharmacists). The bottom line is that you want to know.

### **Is your loved one coming back to Intensive Care?(must read)**

The next thing you want to ask- and this is a bit of a tricky one, but it's still important- is the likelihood of your loved one being readmitted to Intensive Care. Obviously, if your loved one is a 'short and uncomplicated stay' in Intensive Care and he or she is very likely to recover, things should go well.

However, depending on your loved ones premedical history and/or age, sometimes the Intensive Care team might hint towards a "one- way discharge", meaning that if your loved one would require Intensive Care again, a note in your loved one's medical notes would clearly state that he or she is not for readmission back to Intensive Care. This is normally based on the Intensive Care team's perception about your loved one's "Quality of Life" and also proposed length of treatment, should your loved one deteriorate on the ward.

Now, why do I mention this? I mention this because my clinical experience has shown me that in some instances, the Intensive Care team thinks they "know" what is "best" for your loved one. The Intensive Care team might also think about resource management of the ICU.

Even though there are documented procedures and policies around the formal discussion process that needs to take place with the Patient and the Family in the first place to come to such a conclusion, sometimes (and I am not saying this is happening in all instances, but I have seen it happening in some instances and I questioned the approach) decisions for "no readmission to Intensive Care" are made and documented, without informing you and your loved one.

This is clearly violating hospital policies and is also violating basic human rights, if the wish of your loved one and your Family is for him or her to be readmitted to Intensive Care. Nobody can make decisions for you. Once again ask. The reason behind such a decision from an Intensive Care perspective would be bed pressures and resource management pressures.

### **What specific questions should I ask?**

I would however say that if your loved one falls into category A of our examples, everything should be fine, however in order to have more control, information and influence in this situation the best questions to ask in this scenario are:

- What medications is my loved one taking? What are the medications for, why does my loved one need to take it and how long does he or she need to take it? What are the likely side effects of the medications?
- What is a) the likelihood of your loved one being readmitted back to Intensive Care? And b) are there any **documented** plans of a “one-way discharge”, meaning your loved one is not meant to come back to Intensive Care in case he or she deteriorates.

### **Here is the next example with more insights**

Let's look at scenario C), where your loved one is critically ill in Intensive Care and it's not life threatening and a good or normal Quality of Life may not be achieved after discharge out of Intensive Care(i.e. Stroke, Big abdominal surgery, Multi-Trauma, Long term ventilation with Tracheostomy, severe Cardiac conditions such as Heart Attack, Cardiac Arrest etc...)

If your critically ill loved one has been through the journey of being a Critically ill Patient in Intensive Care and is now at the point where treatment has been maximised and hopefully optimized as well, your loved one may have reached a point of where he or she has reached its peak so to speak, in order to achieve the maximum health outcome within a Critical Care environment.

In other words your loved one might have had ventilation(invasive or non-invasive) for respiratory failure, Haemodialysis for kidney failure, Inotropes or

ECMO for Heart failure, Anticoagulation therapy for a stroke, surgery or invasive brain management, to only name a few, but probably also naming the most common ones in Intensive Care.

Without going into detail for each of the Therapies that I listed, there comes a time where your loved one's therapy in Intensive Care has been maximised, with limited results and probably not achieving the results that you, your Family and your critically ill loved one have hoped for in this particular example. That being said, a better and sometimes full recovery can still occur outside of Intensive Care, but it is uncertain at this point in time.

The Intensive Care team is probably very likely looking at the situation from an Intensive Care perspective only- and if there is something we are very bad at in Intensive Care- it is that we don't really know what is happening to your loved one's recovery, once he or she has been discharged out of Intensive Care to a ward. We very rarely know or find out, as we have very few Patients coming back who tell us how they went outside of Intensive Care. So we tend to have a limited view and we tend to have our limited view impacting on our judgement, regarding the Quality of Life or even the perceived Quality of Life of your loved one outside of Intensive Care, which will ultimately impact on your and your Family's Quality of Life too.

### **What exactly is Quality of Life?(you'll be surprised)**

Quality of Life is an abstract concept and your loved one's perceived Quality of Life needs to be determined by your critically ill loved one and by you and your Family and not by anybody else. You see, there are a lot of grey areas in Intensive Care and in Health Care and with people having different points of views and different outlooks on life, we should leave the definition of Quality of Life up to the individual and their Families and not to anybody else.

Why do I say this? I say this, because I have seen people living with a "lesser" Quality of Life, where other people would have thrown in the towel and yet, regardless of people's ordeals, they enjoyed life and they had things that they loved living for! So what I am really saying is that

- number one, the maximisation of therapy in Intensive Care with a less than desired health outcome for your loved one and your loved one's perceived Quality of Life in the future, may just be that. A snapshot. An undesired snapshot of the here and now. It might change. It might not change. If the maximisation of therapy in Intensive Care does not bring the desired health

outcome, with the outlook of a lesser perceived Quality of Life for your loved one, it may just be that. A lesser perceived Quality of Life, based on the assumptions of health professionals. Who are health professionals to judge how you, your Family and your loved one think and feel about perceived Quality of Life from somebody else's point of view? So make your own judgement and wait. See what happens and do not panic.

### **Are perceptions about Quality of Life dependent on Intensive Care budgets?(you'll be surprised about the answer)**

Also, keep in mind that the discussions and perceptions about Quality of Life in or outside of Intensive Care Units are stipulated by current trends and current paradigms of health services financial situations. It basically means that if your critically ill loved one was going to be dependent on other people in order to achieve Quality of Life, your loved one would very likely need some level of nursing care outside of a Hospital environment that would only add on to the cost of your loved one's care. Do not buy into that mindset.

If your loved one, you and your Family agree that he or she needs to go home, regardless of the perceived Quality of Life, you will find a way to make it work! Don't be discouraged by what the Intensive Care team thinks.

- Number two, if the maximisation of therapy in Intensive Care is not leading to the desired health outcome and your loved one is going to live with a tangible impairment, such as Paraplegia, Quadriplegia, LVAT, RVAT, long term ventilator dependency with Tracheostomy- to only name a few- I believe that you, your Family and your loved one are shocked, frustrated and despaired. You are in shock and despair even though you might have seen it coming. That's OK and everybody will appreciate how you feel. And once again, it is a snapshot. An undesired snapshot of the here and now.

### **Resilience and finding meaning in adversity**

Those tangible impairments of your critically loved one's Quality of Life such as Paraplegia, Quadriplegia, LVAT, RVAT, long term ventilator dependency with Tracheostomy etc... are once again very tangible and you can see how they impact on your loved one's Quality of Life. Your loved one is very likely dependent on other people for the rest of his or her life. That's not a good outlook to begin with, however the sooner you look reality in the eyes and the sooner you accept the fact that this is how it is, you'll gain control, power and influence. You are dealing with

the situation so to speak. You are confronting the situation and you'll find ways and mechanisms to cope. It's unbelievable how resilient people are. People are far more resilient than you could ever imagine.

Always keep in mind that mankind has survived for millions of years. And that's almost against many odds. If you are reading this right now, it means you, your Family and your loved one in Intensive care, are the survivors of millions of generations that have come before you and if your ancestors didn't have the energy and the resilience to deal with life's setbacks, you wouldn't be here. Period.

Your ancestors have probably dealt with a lot more adversity than you and I have, because there were no hospitals, as we know of them today hundreds of years ago and people still became sick...

Also, find meaning in adversity. Things happen for a reason. What is your reason? If you can't find it straight away, keep looking. A lot of good things happen out of bad things. What are the good things happening out of your situation? It might just be as simple as your Family coming closer together again, after tragedy has struck.

### **Take away Action steps for you and your Family:**

- Withhold judgement on Quality of Life
- Position yourself well mentally so that you have a strong and powerful internal mindset
- Even more important, withhold judgement on "perceived" Quality of Life, that is not even reality yet and something in the future
- Have an open discussion with the Intensive Care team regarding the Quality of Life or the "perceived" Quality of Life of your loved one and share your viewpoints. Do not have the perception of "limited resources" impact on your judgement
- Know your critically ill loved one. What does he or she want? To what extend is he or she prepared to put up with "tangible" impairments (i.e. Quadriplegia or ventilator dependency)? To what extend is he or she prepared to go through a prolonged period with little or no progress, before Quality of Life can be restored?
- Know what external services are available in your area for discharge from hospital that can help you at home- in this day and age, even ventilation at home with Tracheostomy is a possibility, check out [www.intensivecareathome.com.au](http://www.intensivecareathome.com.au)

- your views on those issues will mainly determine the level of control, power and influence you'll have over the situation

99.9% in life you can't control. Focus on the 0.1% in life that you can control and become a master at it and you'll be in charge of your destiny!

### **Mistake 3: Relatives of critically ill Patients in Intensive Care panic**

This is another big one. I see it far too often. Families of Critically ill Patients in Intensive Care panic. I see a lot of people panicking when they first visit their loved one in Intensive Care. On the one hand this is totally understandable and totally acceptable and the staff in Intensive Care can empathise with you and your Family and they appreciate your concerns and they appreciate how you feel.

You might have had a phone call in the middle of the night regarding your loved one being admitted to Intensive Care, or you might have personally witnessed the incident that led to the ICU admission of your critically ill loved one.

Whatever the case may be and whatever circumstances you might have found yourself in, when your critically ill loved one was admitted to Intensive Care. Know this: Try not to panic. I know this is easier said than done, however like in many other situations of crisis that you have been thrown into, panicking only makes the situation worse.

I do see a lot of people panicking when they first visit their loved one and this is totally acceptable and understandable at first. The staff in Intensive Care very much appreciate that you feel out of your comfort zone, that you feel challenged, vulnerable and that you feel like the world is tumbling down on you.

You and your Family probably feel like a fish out of water. And here is the thing: The Intensive Care team feel like fish in the water. They live and breathe Intensive Care. They explain to you everything that is happening and they tell you verbally or non-verbally of what they think is going to happen to your critically ill loved one.

You might feel overwhelmed by seeing all the equipment in Intensive Care that is keeping your loved one alive and you might think OMG this looks really challenging and complicated, however the staff in Intensive Care, whether doctors

or nurses have gone through special training and they tend to be well qualified and highly skilled in order to perform their jobs well.

### **Nearly 95% of all ICU admissions are surviving**

I'll bring back those figures from earlier and remind you that only around 6.6% of all ICU admissions do not survive Intensive Care. That is in the bigger scheme of things a relatively low number, considering the number of very sick people going through Intensive Care. I know that these figures don't help your circumstances if your loved one is about to die or has died in Intensive Care.

But I think those figures give you a better understanding about what is really happening in Intensive Care and it hopefully puts things in perspective. It means that close to 95% of all Patients going through Intensive Care do survive and that is despite everything we are doing in ICU(I am totally kidding BTW with this last statement).

The staff in Intensive Care very much appreciate that you feel out of your comfort zone and that you feel like the world is tumbling down on you. And they are here to help. They are busy people but they love to help!

You might feel overwhelmed by seeing all the equipment in Intensive Care that is keeping your loved one alive and you might think OMG this looks really challenging and complicated, however the ICU staff, whether doctors or nurses have gone through special training and they tend to be well qualified and highly skilled in order to perform on their jobs.

So there is no need for panic. Your critically ill loved one is in safe hands.

### **How can you ensure that you and other Family members don't panic when your loved one is critically ill in Intensive Care?**

The main sticking points are:

- Have trust and confidence and believe in yourself, in your Family and in your critically ill loved one. Confidence, trust and a strong positive believe system are a good starting point and it might work as a positive self-fulfilling prophecy

- Have trust and confidence in the Intensive Care staff. They do suffer with you. They want nothing more than to get you and your loved one through this
- Ask as many questions as you want so that you are understanding what is happening and also try and understand the dynamics behind the scenes. This will help you to understand the ‘bigger picture’- you can learn a lot about the dynamics ‘behind the scenes’ in our Ebooks and how those dynamics impact on the care that your loved one is receiving or not receiving
- Tap into your own resources to calm you down. How have you dealt with previous situations of crisis and adversity? What and who has helped you there? I bet you have been through many challenging situations in your life before and you have come out good at the other end. Do it again, because you know how to do it
- Deep down you already know that panicking isn’t the right thing to do and that if you panic the rest of the family might panic as well and it doesn’t serve anyone, nor does it leave a good vibe for your critically ill loved one. Your loved one needs good vibes and good energy around him or her. It’s vital
- When you are in control of yourself, it is much easier to tap into your own resources, which will help you to deal with the situation most effectively, as you are in a position to manage the rest of your Family effectively and you are also able to deal with the Intensive Care team effectively

I hope that this report has served you well and I hope that you have gained even more insight of how you can effectively deal with your fears, frustrations, your struggles, your vulnerability and how you can turn the situation around so that you feel powerful, in control, influential so that you are mentally well positioned and mentally strong to deal with adversity! Hopefully I was able to

“elevate” your thinking and also to lift your spirits.

I also hope that I will see you in our other reports so that you can find even more strength, more power, more energy, greater influence and also hope in your challenging journey through the Intensive Care landscape.

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](mailto:support@intensivecarehotline.com) if you have more questions

Sincerely, your friend

Patrik Hutzl

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