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 of their and their critically ill loved one's destiny

Follow this proven system to avoid the 3 most dangerous mistakes you are making but you are unaware of, if your loved one is a long-term ventilated Patient with Tracheostomy in Intensive Care.

Avoid these mistakes and you can exercise more control, more 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 most!(it is hard to ask the right questions, without the *"behind the scenes"* insights)

Long- term mechanical ventilation with Tracheostomy in Intensive Care means if your critically ill loved one has been in Intensive Care for 20- 30 days or more and you feel like your critically ill loved one is not progressing.

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 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.

Read this report and you get a summary and take away action steps that'll help you to stay in control

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 long-term ventilated with Tracheostomy in Intensive Care
- how to eliminate fear, frustration, stress, struggle and vulnerability
- Get *"behind the scenes"* insight so that you understand what is really happening
- The *"bigger picture"* and the massive challenges about the long-term ventilation with Tracheostomy
- How to break out of the *"vicious cycle"* of long- term ventilation with Tracheostomy
- Why your critically ill loved one may be neglected and what you can do about it
- How you can control and influence the situation
- How you can further expand your knowledge of the **secret** *"Intensive Care language"* so that the Intensive Care team knows you are an *"insider"*
- Why and how your ancestors are impacting on your current situation
- How you need to look at your loved one's *"Quality of life"*
- What you need to understand about the health care budget in an Intensive Care Unit and how it relates to your loved one's long-term ventilation with Tracheostomy
- Why most Intensive Care Units have a negative and *"limited mindset"* and how you can break this mindset

- Also, read the previous Ebook "**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 and gain influence 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 need you the most!(it is hard to ask the right questions, without the 'behind the scenes' insights)

The previous Ebook ties in with this Ebook and even though your critically ill loved one should be out of the most acute phase in Intensive Care if they are long-term ventilated with Tracheostomy, he or she is very likely still fairly sick and there are some useful takeaway points in the report that tie right in with this report!

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

Chances are that if you have come to seek help and advice in this Ebook, you are seeking answers to your questions, because your loved one is a long-term ventilated Patient with Tracheostomy in Intensive Care and you, your Family and your critically ill loved one are experiencing one of the most stressful and traumatic times in your life and you are probably feeling overwhelmed, stressed, frustrated and vulnerable.

But remember knowledge is power and in this Ebook you will discover a lot of insights and take away action steps that'll help you to stay in control and have control, power and influence if your loved one is a long- term mechanically ventilated Patient in Intensive Care with Tracheostomy.

Furthermore, in this Ebook you will also discover how you overcome your fears, your frustrations and your struggles in this challenging situation, whilst you will also discover how you need to mentally position you and your Family well, so that you and your Family are mentally strong so that you can influence decision making!

Seeking help is a step in the right direction

And looking for answers is a step in the right direction and here you'll get some very useful advice of how to improve your, your Family's and your critically ill loved one's situation. Because you probably feel like you are out of your comfort zone and because you are looking for information, give yourself a pad on the back for looking for solutions and for taking action! Well done!

By just doing that, by actively seeking out for answers and for help you are standing out from the crowd and from the rest of the Families in Intensive Care,

because 99% of Families of critically ill Patients never do their own research and they therefore will never have control, power and influence!

Change your perspective and get "behind the scenes" insight

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

My main strength was usually that I was able to give Families of critically ill Patients different perspectives, encouragement and I gave them *"behind the scenes"* insight that also helped them to look at the whole situation differently.

Now, your critically ill loved one, as well as you and your Family are in a challenging situation. And this report is giving you insights and guidance on how to find strategies to improve your and your critically ill loved one's situation.

Having a loved one critically ill 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, nor 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. And you certainly don't want to be ventilator dependent with Tracheostomy.

The fact of the matter is however, that being a long-term mechanically ventilated Patient with Tracheostomy in Intensive Care, brings massive challenges for your loved one, for you and your Family and you are very likely feeling out of your comfort zone, you feel overwhelmed and you are feeling stressed.

The term "long-term ventilation with Tracheostomy" can be used after around 20-30 days of mechanical ventilation with Tracheostomy.

The *"bigger picture"* on long-term ventilation with Tracheostomy

To give you a *"bigger picture"* overview, mechanical or invasive ventilator dependency with Tracheostomy is on the rise. The population is getting older and Intensive Care medicine has come a long way in the last few decades, with people living longer, also with the help of life supporting technology, including ventilators.

Long-term ventilator dependency brings massive clinical, ethical and moral challenges for your critically ill loved one, for health professionals in Intensive Care and of course for you and for your Family.

If your loved one is ventilator dependent with Tracheostomy in Intensive Care, chances are that he or she has got or has had a number of issues going along with the ventilator dependency, ranging from Trauma, cardiac surgery, Pneumonia or COPD amongst other respiratory issues, muscle weaknesses, muscle dystrophies, paraplegia, quadriplegia etc…

Your critically ill loved one has probably come a long way if he or she is out of the induced coma and is now at the stage where he or she is mechanically ventilated with Tracheostomy. It means that your loved one is probably more stable than he or she was before having the Tracheostomy, but the Intensive Care team also perceived this to be the best way forward for your critically ill loved one, in order for his or her comfort, safety and well being.

There are massive challenges around long-term ventilator dependency with Tracheostomy

The ventilator dependency also comes with massive challenges and it means that even if your loved one is otherwise medically stable that he or she is dependent on a ventilator for life support and is therefore dependent on other people in Intensive Care. This is the reason why your loved one is still in Intensive Care, because caring for somebody on a ventilator requires the specialist skills of a qualified Critical Care Nurse or a Respiratory therapist(in the US and Canada).

One of the major challenges that I have seen over and over again, when caring for long- term mechanically ventilated Adults& Children with Tracheostomy in Intensive Care is depression. The more awake and the more alert your loved one gets in Intensive Care, the more frustrated he or she will get, as Intensive Care is not the right environment for somebody to be in, once they are medically stable. However the ventilator dependency is keeping your loved one in Intensive Care.

People from all walks of life making similar mistakes

In more than 15 years Intensive Care nursing in three different countries, I have met people from all walks of life and people of course are different. I have met rich people, I have met poor people, I have met young people, I have met old people, I have met people with supportive Family's and I have met people with less supportive Family's. 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 long-term ventilator dependent with Tracheostomy in Intensive Care.

And more often than not, those mistakes are having a direct or indirect negative impact on you, your Family and your critically ill loved one who is ventilator dependent with Tracheostomy.

Let's start with the three common mistakes that I see over and over again and those mistakes that you are consciously or unconsciously making usually have a negative impact on your critically ill loved one.

Mistake 1: Thinking that the ventilator dependency is the main issue and main focus and therefore giving it too much weight

The main issue with your critically ill loved one being ventilator dependent with Tracheostomy is not the ventilator dependency as such. It is more like that the ventilator dependency with Tracheostomy is keeping your loved one in Intensive Care, with a limited Quality of Life. This limited Quality of Life is very likely making your loved one depressed, frustrated and vulnerable of course. On top of that your critically ill loved one has limited or no privacy and dignity.

It might also make you and your Family depressed and frustrated, because you are spending too much time in Intensive Care, with the result that your and your Family's Quality of Life suffering as well.

Whilst the depression, the frustration and the feeling of vulnerability is a by-product of the Intensive Care environment, as well as the lack of privacy and lack of dignity, which leads to a limited Quality of Life, it is very easy for your loved one to enter into a vicious cycle, where the ventilator dependency triggers the depression and the frustration and the depression and the frustration triggers the ventilator dependency.

It is therefore crucial for your critically ill loved one to break out of this vicious cycle, which is hard to achieve after being in Intensive Care for a long period of time. I have seen over and over again that the lack of Quality of Life, the depression, the frustration, the lack of privacy, the lack of dignity and the ventilator dependency are feeding each other, with your loved one having a high likelihood of catching a nosocomial, or hospital acquired infection. An infection would only feed the vicious cycle and is usually making things worse before things get better.

And I have also seen that if a long-term ventilator dependent Patient with Tracheostomy is catching an infection, they often die.

What I have just described around depression, frustration, lack of Quality of life, lack of privacy and lack of dignity in Intensive Care is certainly applicable if your loved one is conscious and awake. If your loved one is ventilator dependent with Tracheostomy and is unconscious or semi- conscious, because he or she has had a stroke, seizures, head or brain injuries and/or other conditions that lead to your loved one not being fully awake, the situation is slightly different, however you then still have to focus on getting your loved one out of Intensive Care. Your loved one may not be fully awake as yet, but Intensive Care is never a good environment to be in.

Breaking the vicious cycle

In many countries around the world, current Intensive Care paradigms do not allow for *"thinking outside of the box"*. *"Thinking outside of the box"* would mean to think about alternatives besides having your critically ill loved one in Intensive Care. It would mean that the vicious cycle could be disrupted. How and where could that be achieved? In some countries, mainly in Australia(check out www.intensivecareathome.com.au), but also in Europe Intensive Home Care Nursing services, specifically designed for long- term mechanically ventilated Patients with Tracheostomy and their Families are a genuine, reliable and quality alternative to a long-term stay in Intensive Care. The result is a dramatically improved Quality of Life for your loved one, for you and for your Family. Those specialised services operate with only Critical Care Registered Nurses who have a "can-do" attitude and those services focus on opportunities and possibilities, rather than limitations, which go hand- in- hand with an Intensive Care environment.

Is your critically ill loved one being neglected?

Besides this *"thinking outside of the box"* model of care, other things that you can and that you need to focus on, in order to foster the best possible outcome for your loved one in Intensive Care are things like:

- Staying positive
- Focusing on how you can get the best possible care for your loved one, i.e. can your loved one be transferred into a room with some natural day light? Is there a nurse that your loved one prefers?
- Is your loved one having a positive routine every day, with regular activities scheduled, such as having a shower, getting in a chair, getting outside,

having Physiotherapy etc… It is very important to occupy your loved one with activities, to get back into a proper day and night rhythm, as a good night's sleep can help your loved one a lot to break out of the vicious cycle

- Is your loved getting good nursing care? Things to look out for are getting regular showers, getting outside in the sun and entertainment such as newspapers, books, watching TV or having a Computer
- Is your loved one looked after by regular staff members in Intensive Care or is your loved one being looked after by an agency staff(often irregular staff members) member? Sometimes, if your loved one is a long- term Patient in Intensive Care, he or she may be looked after by less experienced staff or by staff who are not regular staff members, as regular staff members are allocated to look after more acute Patients
- Does the Intensive Care team have a genuine plan? I have very often seen that the Intensive Care team is only focused on the *"weaning off the ventilator"* part, which is important, but I believe that focusing on occupying your loved one with things that interest him or her would be a much better approach, as it takes your loved one's mind off the ventilator dependency
- Your loved one may be in a position where he or she is in a condition where they are not fully responsive and here you might have to think about stimulating him or her with familiar things such as preferred music and sounds or preferred smells, but also things like having a regular daily schedule are crucial for your loved ones recovery
- Also, check in with the doctors and the nursing staff. Once a Patient has been in Intensive Care for long periods of time, the medical and the nursing staff often lose interest. Not that they should lose interest, but the reality is that a long-term ventilated Patient with Tracheostomy is often not high on the list of priorities, as there are often other, more acute Patients to be seen and the "excitement" of looking after a long-term ventilated Patient with Tracheostomy has worn off. I know that this is a sad thing to say and I have witnessed this behaviour from Intensive Care teams regularly as it is frustrating for the Doctors and nurses too, to watch your critically ill loved one with no or little progress. There is a fairly high chance that the doctors and nurses are simply 'over it'. I know that this might be a bit of a shock for you to hear, but I have seen this to be the case more often than not. That's why there is very often the agency nurse or a junior staff member looking after your loved one

- Furthermore, when the doctors are doing their ward rounds they often see your loved one last, as other Patients in the Intensive Care Unit are more pressing and the status quo with those other more acutely unwell Patients is changing often and therefore those Patients require urgent attention. Therefore your loved one often is seen last and because the status quo with your loved one is less likely to change, the Intensive Care team doesn't see this as a priority
- If you find that the doctors and the nurses are neglecting your critically ill loved one, you need to "reel them back in" and make them aware that if they don't care that you do!
- Also, keep asking lots of questions and keep hammering the doctors and the nurses for answers. Demand more. Don't take *"No"* for an answer. Make sure your loved one is getting the best possible care!

2. Losing hope and thinking that your loved one is never going to recover and will never have a good Quality of Life again

Look, losing hope or giving up is not on the agenda. Never. Your loved one might not have a chance to fully recover. And having the outlook of living a life with a "*lesser Quality of Life"* might not be as appealing or fulfilling as living life with a Quality of Life that your loved one is totally satisfied with. But human nature is telling us that we always think that *"the Grass is greener on the other side"*. So human nature is rarely 100% satisfied, however we do often think that People who don't have the "*Quality of Life"* that a healthy or *"normal"* person has are unhappy.

You will find that if you look into research that has been done about happiness in general, it suggests that people who had major negative life events, like a major disease or injury that led to an impaired Quality of Life, regained happiness levels that they had prior to the event or accident. I found that to be amazing when I first read about it. Furthermore, because I also have experience with long-term ventilator dependent Adults& Children with Tracheostomy in the Home Care sector(www.intensivecareathome.com.au) I know for a fact and I know first hand that being at home on a ventilator is improving Patients and their Families Quality of life and their happiness. Just by being at home and not by being in an Intensive Care environment makes all the difference!

Imagine your loved one being a long-term Patient in Intensive Care and you walk into their room and you tell them that they can go home next week… I'm sure they would be delighted and you would surely see some improvements quickly!

Did you know that you and your critically ill loved one are the survivors over millions of years?

The other important thing you, your Family and your loved one might have to put in perspective is that *"Quality of Life"* is an abstract concept and it is just that- *"Quality of Life"*.

Now, if somebody is happy with their current "*Quality of Life"*, I don't suggest that people want to have a lesser Quality of Life. I do however suggest that people who have a lesser "*perceived Quality of Life"* can and will adapt. It takes time, but if they want to live- and most people do want to live- they will adapt.

People are extremely resilient. Just imagine this and think about the following. You, your Family and your critically ill loved one are the survivors. All your ancestors have survived over millions of years and they must have survived against many odds. Centuries of war, diseases and famine were the harsh realities most of our ancestors had to deal with. Not so in our day and age.

Thank god that these times have gone, at least for now. In today's western societies we have other problems that we are dealing with. Our societies have changed from the *"survival of the fittest"* to *"survival of the sickest"*. And I don't mean that in a negative way. Because many of our sick do survive in this day and age, we have to deal with a multitude of other problems, where we have to think about making creative arrangements for our sick so that they can have Quality of Life. But before we make these arrangements, we all have to think more positively that life has things to offer to each and everyone of us, even if we don't have the Quality of Life we once had or if we don't have the Quality of Life yet again that we once had. And also we should not be judgemental about what other people's perceptions are about "*Quality of life"*(including the Intensive Care team and health professionals)

Discover that "*Quality of life"* is only an abstract concept and is only perceived

"Quality of Life" is an abstract concept and your loved one's *"perceived Quality of Life"* needs to be determined by your 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 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(sometimes seemingly little 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 long term ventilation with Tracheostomy 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 is just that. A "*lesser perceived Quality of Life",* based on the assumptions of the Intensive Care team and health professionals. Who are the Intensive Care team and 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.

How do limited health care budgets impact on people's thinking and more importantly on your loved one's care?

Also, keep in mind that the discussions and perceptions about "*Quality of Life"* in or outside of Intensive Care Units are stipulated by the current trend and the current paradigms of health services funding sources. It basically means that if your 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 some health professionals may think. They are professionals with clinical expertise and they are not experts on your individual or your loved one's individual view.

- Number two, if the long term ventilation with Tracheostomy 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 long term ventilator dependency with Tracheostomy- I believe that you, your Family and your loved one are in shock and despair. 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.

Discover how you can gain control and influence

The tangible impairments of your loved one's Quality of Life because of long term ventilator dependency with Tracheostomy is once again, very tangible and you can see how they impact on your loved ones Quality of Life. Your loved one may be dependent on other people for the rest of their life. That's not a good outlook to start 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 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. I personally believe that it is the resilience in all of us why mankind has survived over 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.

Take away action steps for you, for your Family and for your loved one

- Withhold judgement on *"Quality of Life"*
- Even more important, withhold judgement on *"perceived Quality of Life"*, that is not even reality yet and something that is perceived and projected 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 limited resources and a *"scarcity or negative mindset"* impact on your judgement
- Know your loved one. What does he or she want? To what extend is he or she prepared to put up with a *"tangible"* impairment such as ventilator dependency with Tracheostomy? To what extend is your loved one

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
- External services are often positioned to create 'win-win' situations. By that I mean, providing home care services as a substitute to a hospital bed, where the hospitals should have an interest in discharging your loved one and also pay for it
- your views on those issues- and not the views of the Intensive Care team who generally only think in hospital or clinical terms and they don't think *"outside of the box"*- will mainly determine the level of control and influence you'll have over the situation

Focus on the things you can control and you'll be far more powerful!

3. Buying into a "limiting or negative mindset"

You may ask and you may wonder what exactly a *"limiting mindset"* or a *"negative mindset"* is, in the context of long-term ventilation with Tracheostomy in Intensive Care.

Now, a *"limiting mindset"* is the opposite of an *"abundant mindset"* and a *"negative mindset"* is the opposite of a *"positive mindset"*. We, as humans are naturally programmed towards a *"limiting or negative mindset",* this is how we humans are naturally wired. We don't necessarily think in *"abundant and positive mindsets"*. We humans are far more likely to avoid pain, rather than gaining pleasure.

For example, if somebody came to you and said "I'll give you a Million dollars, for cutting off your leg", you wouldn't be taking a million Dollars and have your leg cut off. You're avoiding pain and you're not even thinking about what you could do with a Million Dollars. This behaviour has served us humans well over Millions of years otherwise we wouldn't be here today and whilst this *"avoiding pain"*, instead of *"gaining pleasure"* behaviour is serving us well in some instances it is also limiting us in other situations in life, such as with long-term ventilator dependency with Tracheostomy in Intensive Care.

The Intensive Care environment, even though it is generally full of optimistic people, is also an environment full of people who are trying to avoid pain instead of gaining pleasure. It comes with the territory. In Intensive Care we have to be cruel to be kind. This is the ultimate "limiting mindset" or "negative mindset" I believe!

In mistake number one, I have highlighted the fact that breaking through the *"vicious cycle"* of depression/ ventilator dependency is crucial and yet we often fail to achieve it in Intensive Care, because of the environment, the resources available and also because of the *"limiting and negative mindset"*. So in order to change our mindset we need to start thinking in *"abundant and positive terms"*, rather than limiting our thinking to the Intensive Care environment or limit our thinking to the ventilator dependency that drives depression, frustration and vulnerability, which in turn drives the ventilator dependency. We must elevate our thinking to break out of this rut!

We can never solve a problem if we are thinking at the same level where the problem was created, which means we need to break out of the limiting Intensive Care thinking that holds your loved one in Intensive Care. How much better would it be to have your loved one in a different and more positive and abundant environment? How much better would it be to have your loved one not limited to an Intensive Care environment?

Just forget for a minute that your loved one is still in Intensive Care and forget for a minute that your loved one is still ventilator dependent with Tracheostomy. What if there was a solution to break out of this dilemma? What if somebody would walk into your loved one's room and said *"you can go home next week"*? How would your loved one react? Do you think your loved one would contemplate his or her ventilator dependency for a minute? All he or she would hear is *"home"* and you would see a big smile on her or his face.

The smiles would probably be all over your and your Family's face as well!

But your loved one would not think about the perceived limitation in the first place. All your loved one would see initially is the abundance and positivity that a place like home would bring, as opposed to a place like Intensive Care.

That is as far as your thinking goes. That is the first thing you need to control. I know that this is easier said than done, because in a situation where other people have a lot more perceived control than you have, you feel out of your comfort

zone already. But start with controlling your thinking first and start thinking in *abundant* and *positive* terms first and not in *limiting* and *negative* terms.

Think about it. What would happen to your loved one if you, your Family and your loved one changed your thinking? What if your loved one didn't have this limitation? He or she would be free to go home. By changing your thinking you are breaking the "*vicious cy*cle" of *"perceived limitations"*. *Optimism, positive thinking and abundant thinking* is going a long way, something no anti- depressant drug that your loved one may be getting can ever achieve! Giving your loved one anti- depressant drugs is only adding on another layer of *"limiting beliefs"*. Imagine, your loved one is getting anti- depressant drugs instead of actively pursuing a different solution instead of breaking out of his or her dilemma. It can't be more limiting, I think.

Also keep in mind at all times that because Intensive Care Units tend to be highly political places, where decision making is often not linear and often made in light of funding and budget arrangements that you generally have no insights in. Therefore, *"thinking outside of the box"* and looking at options that are outside of Intensive Care may not be perceived as "In the best interest for the Intensive Care Unit". After all many Hospitals and Intensive Care Units in particular are places that don't want to give Patients and their Families choice. You will often find an antiquated model within Intensive Care and the mindset of the Intensive Care team is often that *"we know what's best"* and they therefore want to limit choice for you, for your Family and for your critically ill loved one.

So what is the next step towards liberation? Now, depending on where you are while you are reading this, there may be a solution available that you are even unaware of, because in countries like Australia, the USA, Germany, Austria and Switzerland specialised Intensive Home Care Nursing Services are available and they provide 24/7 services for long- term mechanically ventilated Adults& Children with Tracheostomy and their Families. Check this one out www.intensivecareathome.com.au for more information.

Here are your action steps to avoid the *"limiting mindset"* or *"negative mindset"* in the first place and start thinking with a more *"abundant mindset"* and *"positive mindset"*.

- have an awareness that we humans come "hard-wired" with a *"limiting believes mindset"* and *"limiting believes system"* that serves us well in many situations in life

- the *"limiting believes mindset"* in your, your Families and in your loved one's situation is just that, a limiting mindset that is counter- productive in your situation
- start thinking in abundant and positive terms and keep asking yourself what would happen if somebody told your loved one that he or she could go home next week? Your loved one would lighten up! Your loved one would be a different person immediately. Changing your thinking can be extremely powerful and it may be the only thing you can control in a situation like this, so make use of it!
- If you change your thinking, your loved one will 'pick-up' on it and he or she will be more positive as well
- Inform yourself about alternative options. Seek out people who have gone before you and who have thought "outside of the box" and have already looked and maybe even created alternative solutions that'll help your loved one to break out of the "vicious cycle" i.e. www.intensivecareathome.com.au
- Don't give up and engage the staff in Intensive Care in discussing any options or alternatives that nobody has on their radar as yet

I hope that this Ebook 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 Ebooks 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 if you have more questions

Sincerely, your friend

Patrik Hutzel