

# 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 ones destiny*

## **Ebook reveals 9 myths of being a critically ill Patient in Intensive Care**

Having your loved one critically ill in Intensive Care is usually a scary, frightening, overwhelming and challenging event. It's also an event where most Families of critically ill Patients have preconceived ideas about what it means to be critically ill in Intensive care. Most of those preconceived ideas are myths and don't reflect reality!

A great deal of the angst, the fear and the frustration comes from not knowing what to expect, not knowing what to do and not knowing what questions to ask.

So here are 9 myths that I have found that Families of critically ill Patients commonly think of being true or think of being real and it's time to shed some light on those myths and it's time for you to discover the truth about those myths and what it really means to be a critically ill Patient in Intensive Care!

### **1. Myth#1- Being a Patient in Intensive Care means knocking at "deaths door".**

Whilst this is true in some instances and can not be denied, the majority of Patients in Intensive Care leave ICU alive. For example in the United States around 3-4 Million people get admitted to Intensive Care per year and mortality rates (the number of people who have died) are around 8-10 %. In 2010, approximately 125,000 admissions have been registered to come to ICU in Australia and "only" 6.5%, or approximately 8,000 of those admissions have been lethal and have actually die. Those statistics are similar in other developed countries.

Statistics from the ANZICS 2010 report "Centre for outcome and resource evaluation Annual report 2010" Australian and New Zealand Intensive Care Society

## **2. Myth#2- Being a Patient in Intensive Care means that decision making regarding the medical treatment is entirely out of my or my Family's hands**

As a rule of thumb, you have to keep in mind that everything is negotiable. That's true in real life, as well as in Intensive Care.

Whilst there are decisions that can only be made by the Intensive Care team, everything is negotiable. In order to get to the point where you have control, power and influence you need the right answers and you only get the right answers if you are asking the right questions.

This website([www.INTENSIVECAREHOTLINE.com](http://www.INTENSIVECAREHOTLINE.com)) in particular, is aiming at giving you 'in-depth' and behind the scenes insight that'll help you to gain more control, power and influence in a situation where you most likely feel like you are out of your comfort zone and where you most likely feel that other people are in control of the situation. In order to change that situation and in order to change the dynamics, so that you have control, power and influence you need to continually educate yourself and quickly learn about the "behind the scenes" stuff in Intensive Care, namely the politics, the intrigue, the dynamics and the psychology at play in Intensive Care. Once you've understood those forces and how those forces impact on your critically ill loved one's treatment, that's when the dynamics change in your favour and you will have control, power and influence.

## **3. Myth#3- Being a Patient in Intensive Care means suffering and pain all the way along during the ICU stay**

The reality is that most critically ill Patients do only vaguely remember their time in Intensive Care, if it has been for a number of days, or sometimes weeks or months. Most Patients do not remember their time in Intensive Care.

The reason for that is that they are often sedated for mechanical ventilation, which is also known as an "induced coma" or a "medically induced coma". In order to get into an "induced coma", critically ill Patients require medication that gets them into the coma. In an "induced coma" Patients are generally pain free and comfortable. If Patients do show any signs of discomfort, usually they get even more sedation, including pain medication to increase comfort and tolerance for the treatment.

If a critically ill Patient does not require sedation to be in an “induced coma”, the Patient’s pain control is usually at the forefront of the ICU staffs management plan, in order to control the Patient’s pain well.

#### **4. Myth#4- Being a critically ill Patient in Intensive Care is all about technology and equipment and the “caring factor” is diminished.**

Whilst keeping critically ill Patients alive in Intensive care, can be about technology and equipment and sometimes is all about technology and equipment(I.e. Ventilators for respiratory support, Monitors, Bypass machines/ECMO, Balloon pumps/IABP’s to name a few).

And you may be surprised how much most of the Intensive Care staff do really care about your critically ill loved one and their Families. Whilst some Intensive Care staff(Doctors and Nurses) love the technology aspect of their work, they mostly enjoy the interaction with Patients and their Families and they do get tremendous reward and satisfaction out of their profession. Seeing people getting better after or during critical illnesses is a very rewarding journey and in some instances even if people are approaching their end-of-life, helping Families to deal with the end-of-life process, ensuring Patients comfort, as well as making sure Families are able to understand the process around end-of-life care is viewed by many health professionals as a privilege.

There is however one aspect about “caring” in Intensive Care that I must highlight and if you have to our website to look for independent advice and to do your own research, you may feel like your critically ill loved one is not getting the best possible care.

And if that is the case, you may start asking yourself if the culture in the Intensive Care Unit, your critically ill loved one is in, is either a positive or a negative culture?

Do you think that the Intensive Care team has a “can-do” attitude and do you think the Intensive Care team has a genuine interest in doing their best for you, your Family and for your critically ill loved one? Do you and your Family feel that the Intensive Care team is prepared “to do whatever it takes” to get your critically ill loved one on its way to their recovery? If you can genuinely say “yes” to those answers, great! It looks you and your critically ill loved one are in the right place at the right time!

If you feel however, the Intensive Care Unit where your critically ill loved one is getting treatment at, has a negative culture and has a negative attitude, then you need to start asking the right questions, in order to get what you want! You should not put up with a negative culture, because it will be to the detriment of your critically ill loved one and the likelihood of the Intensive Care team playing politics with your critically ill loved one's treatment is high! If the Intensive Care Unit has a negative culture they are often not prepared "to do whatever it takes" to save your critically ill loved one's life!

**5. Myth#5- Visiting hours are limited in most Intensive Care Units and the staff usually try and send Family members outside when they do procedures or 'hands-on' nursing care, like washing or turning**

Intensive Care Units have gone a long way in the last ten years when it comes to visiting hours and the time allowed at the bedside of your critically ill loved one.

Whilst during the 1990's there was still a restricted mindset or paradigm about visiting hours, it has changed in many units, where there are often no or very limited restrictions during the daytime.

And rightly so, in this day and age, the consumer should be the focus and Intensive Care Units should operate from a point of view that they have nothing to hide and they should operate from a customer service mindset.

If you feel like you are not getting enough visiting time with your critically ill loved one, you should talk to the doctors and the nurses in ICU.

Don't be afraid to speak up! Some doctors or nurses also don't feel overly comfortable, having relatives at the bedside when they do the ward round or when they perform medical or nursing procedures.

However once again, in this day and age, where transparency should be paramount, you should ask yourself of whether the Intensive Care team has anything to hide from you. Some doctors and nurses do feel comfortable having Family at the bedside, whenever they are performing tasks. In some Intensive Care Units, the nursing staff might even get the Family involved in the nursing care if the Family wants to engage in such activities.

In any case, should you feel like you are not getting enough time with your loved one, you should ask and you shouldn't be hesitant to ask for more time if you feel like you aren't getting any!

Furthermore, the more you engage with the Intensive Care team, the more insight you get about what is really happening!

## **6. Myth#6- Children are not allowed in ICU**

Once again, everything is negotiable. If you feel like your child or your children should come to Intensive Care, to see your loved one and if you feel like your loved one wants to see their Children or grandchildren or nieces and nephews, you should go for it.

Of course you should check with the Intensive Care staff and if your child or your children don't want to go, you shouldn't force them. Furthermore, make sure that your child or your children are healthy as there are a fair number of unhealthy 'bugs' flying around in Intensive Care and if your child is in good health it shouldn't be a problem for them to visit.

## **7. Myth#7- Doctors and nurses working in Intensive Care must be of higher status than I am and they must be "smart"**

As you know, I have said this one before in some of my other reports if you have read them. So I admit that I am repeating myself here. Why do I keep repeating myself? I keep repeating myself because I want to help you and also because I see this behaviour in Intensive Care over and over again and it's holding you and your Family back and it doesn't give you what you want and what you need, which is control, power and influence!

The minute you think that the people in Intensive Care, mainly the doctors and the nurses that you are dealing with, are of higher status or smarter than you are, you are giving away your power and you are handing over whatever level of control you thought you've had. You've just given it away, hand delivered on a silver platter!

It doesn't matter where in life you have come from and where in life you are going to. Just because the people you are dealing with happen to be doctors and nurses in Intensive Care doesn't make them smarter or of higher status.

It is your perception and your perception only, that puts them on a pedestal and it's your perception that makes them look "smarter" in your eyes. It is not even real and you are harming yourself if you continue doing that.

I am not saying that you should be disrespectful towards doctors and nurses, but you certainly shouldn't be thinking that they are smarter than you are or that they are of higher status than you are.

Read my "Instant Impact" report again, there is even more about this topic, but for now, just remember, do not put doctors and nurses on a pedestal and do not think that they are smarter than you are, because chances are that they are not.

### **8. Myth#8- Because my loved one is mechanically ventilated means that he or she is very unwell and it's therefore likely that he or she will die**

I know that when you walk into the Intensive Care Unit and you see your critically ill loved one for the first time, connected to a bedside monitor and connected to a ventilator you probably swallow. You don't like the look of it. Your loved one looks very different to what they looked like before.

There are cables and wires and tubes everywhere, especially if your loved one is connected to a ventilator or respirator and the tube is coming out of your critically ill loved one's nose or mouth. It's usually not a very nice look or feel.

A lot of relatives and Families panic, when they first see their critically ill loved one in this particular condition and they often associate ventilators, cables, equipment and tubes with serious life threatening issues for your critically ill loved one.

And that may well be the case, as in some instances your critically ill loved one may well be in a life threatening situation.

But for the majority of ventilated Patients in Intensive Care it is a short term measure and the average time of being ventilated is usually around 2 days or 48 hours. That means that on average a Patient doesn't stay on a ventilator or on respirator for much longer than 48 hours. It is very often a short term measure post surgery or post admission to Intensive Care for loss of consciousness.

So, just because your critically ill loved one is currently on a ventilator or respiratory, the chances are that he or she will be off ventilation/ respiration very soon and therefore there is no need to think that just because your loved one is currently ventilated that he or she is about to die.

Once again, ask the doctors and the nurses and you will find that they will answer your questions regarding the ventilation of your loved one.

If you happen to be a Family member who has a critically ill loved one in Intensive Care who has been ventilated for more than 7 days and also has a Tracheostomy, things are different and we have more reports and blog posts about (long-term)ventilation with Tracheostomy. You'll find links to resources and to our blog at the end of this report!

Also keep in mind that more and more countries have Intensive home care services available for long-term ventilated Adults& Children with Tracheostomy as a genuine alternative to a long-term stay in Intensive Care! Check out [www.INTENSIVECAREATHOME.COM.AU](http://www.INTENSIVECAREATHOME.COM.AU) for more information!

### **9. Myth#9- The doctors and nurses have told me that I can't stay overnight with my critically ill loved one in Intensive Care**

As I have touched on in myth# 5, Intensive Care Units have become more lenient in the last 10-15 years about their visiting times and their visiting hours.

The general consensus in most Intensive Care Units is that Family members shouldn't be encouraged to stay overnight for a number of reasons. Please keep in mind that most Intensive Care Units are busy, noisy and stressful places that run 24hours a day, 7days a week, 365 days per year.

In order to maximise quiet times and rest periods for Patients, especially overnight, less visitors is usually a good thing to maintain those quiet periods.

There are however, periods where critically ill Patients in Intensive Care are in dire, difficult and unique circumstances such as

- They have been admitted to Intensive Care in the middle of the night
- They are extremely unstable and critical and the prognosis of their survival is poor and therefore it is unknown and uncertain whether the Patient is going to survive
- The Patient is approaching their end of life

Those are the three most common scenarios where Families of critically ill Patients are usually allowed and even encouraged to come and visit even overnight.

Furthermore, I have also seen Families staying overnight regardless of the rest and quiet period, just because they wanted to be with their loved one during times of crisis. Most hospitals usually do not encourage overnight stays, but at the end of the day, if you feel like you want to be there, you should make your wishes known and proceed accordingly.

I hope that you and your Family are on your way to control, power and influence, whilst your loved one is critically ill in Intensive Care.

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

Sincerely, your friend

Patrik Hutzl

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