

INTENSIVE CARE HOTLINE

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

The 5 Mistakes you are unconsciously making if your loved one is critically ill in an induced coma, is not “waking up” and how to avoid those mistakes!

Hi and welcome to another Ebook in INTENSIVECAREHOTLINE.COM's Ebook series. And once again, congratulations for 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 and your critically ill loved one an edge when dealing with the challenges, difficulties and complexities in Intensive Care. Our Ebook series will help you find **your voice** in the jungle of complexities surrounding Intensive Care.

You are outside of your comfort zone and what you need to do about it!

When I first started out with my website and online counselling and consulting INTENSIVECAREHOTLINE.COM, I actually didn't realise how many frustrations, anxieties and simply unknowns there are for families in Intensive Care when it comes to their loved one not “waking up” after an induced coma!

I initially and wrongly assumed that most doctors and nurses in Intensive Care would just simply explain to families of critically ill Patients in Intensive Care how and when your loved one will “wake up” after an induced coma!

This is certainly what I do when I'm caring for a critically ill Patient and their family in Intensive Care and it is what all health professionals in Intensive Care should be doing!

The reality is that Intensive Care teams are busy people, however part of their jobs, as well as part of their moral and ethical obligations is to explain to you and your family what to expect when your loved one is coming out of an induced coma.

My practice of nearly 20 years experience in Intensive Care nursing has shown me that “waking up” in Intensive Care is not linear and nor is it “straight forward” like in a text book.

There is no straight line when it comes to “waking up” after an induced coma and there simply is no such thing as “one size fits all!”

Your loved one who’s critically ill in Intensive Care is an individual and therefore they will literally have an “individual awakening”. Therefore your critically ill loved one will “wake up” in their own time, no matter how much you or the Intensive Care team wants to speed up the process. In some instances your critically ill loved one will never “wake up”.

You and your family are making lots of mistakes that you are unaware of!

What’s probably worse is that I observed that families of critically ill Patients in Intensive Care make numerous mistakes when their loved one isn’t “waking up” straight away or isn’t “waking up” in a time frame that they expect!

What I’ve also observed is that they’re all making the same mistakes over and over again when their loved one is in an induced coma and isn’t “waking up”. Making those same mistakes keeps families in Intensive Care extremely frustrated, because they continue to have unrealistic expectations when it comes to “waking up” after an induced coma without realising what is really happening.

At one point when I was working in Intensive Care and I was dealing with families who had a loved one critically ill and they were waiting for their loved one to “wake up”, I almost knew what was coming next and I knew what questions people would have about their loved one not “waking up”.

I could see a pattern and I could see that families in Intensive Care were expecting certain things that simply rarely happen when critically ill Patients are supposed to “wake up” after an induced coma.

It’s therefore that I’ve written this Ebook

The 5 Mistakes you are unconsciously making if your loved one is critically ill in an induced coma, is not “waking up” and how to avoid those mistakes!

You and your family are in a “once in a lifetime” situation and challenge that you simply can’t afford to be getting wrong!

As you know by now, you, your family and your critically ill loved one are in a “once in a lifetime” situation that you know you simply can’t afford to be getting wrong!

Having your loved one critically ill in Intensive Care is such a complex topic that the people who have expertise in this area can fill entire books with it. (Which is exactly what I do here)

Therefore you literally don’t know what you don’t know and therefore you have entered a minefield that is difficult to walk through if you don’t have the right information.

It’s easy to jump to conclusions and it’s even easier to run with the herd and look at what other families in Intensive Care are doing. And let me tell you this, if you are doing what 99% of the families in Intensive Care are doing, you are doomed!

I can assure you, if you are doing what 99% of the families in Intensive Care are doing you will make no informed decisions, you will have no peace of mind, you will have no power, no control and no influence!

But given that you are here, I know for a fact that you are in the 1% bracket of the families of critically ill Patients in Intensive Care who make informed decisions, who get peace of mind, get control, get power and get influence because you are prepared to invest in yourself and in the future of your family! It’s a wise investment!

Before I go into the

”The 5 Mistakes you are making if your critically ill loved one is in an induced coma and is not “waking up”!

I need to help you shed more light about what “waking up” after an induced coma really means in order to set the scene and in order to make sense out of the information that I’m about to share with you!

“Waking up” after an induced coma is never straight forward or linear and whilst there are some parallels when critically ill Patients are “waking up” after an induced

coma, each case is different and individual and each case needs to be judged and assessed on its own merit!

Therefore let's start now and let's look at

”The 5 Mistakes you are making if your critically ill loved one is in an induced coma and is not “waking up”!

Mistake number 1: You and your family are too impatient!

As I have said in the introduction of this topic, “waking up” after an induced coma is very rarely straight forward and text book like. There is no “one size fits all” situation!

Let's start with an example from the real world.

Mary Smith is 83 years of age and she just had open heart surgery. She needed some bypass grafts for her heart as she developed some coronary artery disease in the last few years and she was finding it more and more difficult to climb the stairs or to do her shopping. Mary was getting short of breath quickly in recent months and she tried to get on with life, but it was getting more and more difficult!

In the last couple of weeks, Mary could barely leave the house and one day after she got out of bed in the morning she collapsed on the floor.

Even though Mary lives by herself, because her husband Arthur passed away about five years ago, she managed to ring an ambulance and by the time the ambulance arrived Mary was almost unconscious and her blood pressure was really low.

Mary got admitted to hospital and in the emergency room they sent her to the catheter lab for checking out her coronary arteries(=arteries around the heart) after her ECG showed some drastic changes on her heart with an irregular heart rhythm and fast atrial flutter.

Whilst Mary was in the catheter lab for an Angiogram she was diagnosed with a heart attack and it was found that three of her main arteries that supply the heart with oxygenated blood were blocked. On top of that and the irregular heart rhythm, her bloods also showed an elevated Troponin level. Troponin is the marker for a heart attack in the blood. Hence the heart attack. Given that the artery blockages were 90-100% they couldn't be managed conservatively or with a

stent(PTCA) and therefore Mary had to be rushed off to the operating theatre to have open heart surgery for Bypass Grafts.

Fast forward, after she had the five hour open heart surgery in the operating theatre, Mary was admitted back to Intensive Care. Mary was now on a ventilator with a breathing tube in her mouth and she was in an induced coma.

In the first 24 hours after surgery, Mary was medically quite unstable and she suffered from bleeding from the surgery. Bleeding after open heart surgery is nothing uncommon and happens quite frequently, as it's considered high risk surgery. Given that Mary is now in Intensive Care, she is in a controlled environment and therefore the bleeding can be safely managed!

Therefore, Mary had to have some blood transfusions to stop the bleeding and she also wasn't taken out of the induced coma as yet. Normally if a critically ill Patient is unstable and in a coma, it's a contraindication to take somebody out of the induced coma until they are medically stable.

After about 24 hours after the surgery Mary became a lot more stable, the bleeding stopped and the ECG showed that Mary's heart rhythm was still irregular but a lot slower at a normal heart rate. Therefore some improvement has been made.

The Intensive Care team decided that Mary was to stay in an induced coma for another 24 hours, just to make sure the bleeding had really stopped and that she was really stable before taking her out of the induced coma!

The next 24 hours went well, the bleeding had stopped and Mary became a lot more stable!

Fast forward 48 hours after surgery, the Intensive Care team thought it was time to get Mary out of the induced coma, "wake her up" and slowly but surely get her ready towards taking her off the ventilator(extubation) and then get her off to a hospital ward.

So far so good.

The scenario that I just described is a very common scenario in Intensive Care and it's happening over and over again.

Instead of Mary Smith I could have used 59 year old Peter Miller who had a car accident, had surgery, is unstable, is in an induced coma, is now medically stable after 48- 72 hours in Intensive Care and therefore can be taken out of the induced coma and is ready to be "woken up".

There is nothing special or unusual about that from an Intensive Care perspective. This is what happens in Intensive Care day in and day out! Many if not most critically ill Patients in Intensive Care go through an induced coma with mechanical ventilation, they stabilize and then they are ready to be “woken up”.

From your perspective, a family member who is watching this and is looking at the clock to find out when

- a) Your critically ill loved one is taken out of the induced coma
- b) Your critically ill loved one is “waking up”
- c) Your critically ill loved one leaving Intensive Care and go back to a hospital ward

this must feel like an eternity and it must feel like time stands still!

Again, from my perspective, not much has happened so far, just normality in a busy Intensive Care Unit with critically ill Patients.

Let’s go back to Mary Smith.

Besides Mary’s heart attack that she had, she was actually pretty fit and healthy, only the last 6 months have been getting more and more difficult and Mary’s daughter Susi could see that her mother was getting more and more short of breath and Susi was getting more and more worried!

Mary’s daughter Susi has already told the doctors and the nurses that she wants to be there when her Mum will be taken out of the induced coma so she can be there when she’s “waking up”.

The bed side nurse Sally who’s looking after Mary today said to her daughter Susi that they will take her sedation off around 8pm tonight and that she’ll then be ready to be “woken up”.

Susi then asked how long it’ll take for Mary to “wake up” after the sedation has been stopped. Sally explained that it’s hard to tell, however they are aiming to have Mary awake in morning and hopefully Mary can be taken off the ventilator in the morning after she has “woken up”.

Susi said that she wants to be with her Mum when she’s “waking up” so she can hold her hand. Susi is very worried that her Mum will be frightened and panicky when she’s “waking up” in a strange environment with a tube in her mouth and Susi wants to make sure that her Mum knows that she’s there for her.

Susi is great and she wants to make sure she's doing all the right things for her Mum.

The bedside nurse Sally said that she's making sure that the nurse in the morning will call her and let her know if her Mum's awake or not.

Let's just zoom out here for a second.

Again this is a normal and almost routine situation in Intensive Care for somebody coming out of an induced coma and trying to "wake up". It's also normal for close family members wanting to be there for their loved one when they are "waking up" and making sure they can be with someone that they know, like, trust and have rapport with.

Fast forward, the bedside nurse Sally turned off Mary's sedation at 8pm and just left her on a little bit of Morphine to take the edge of the pain after such a big operation.

The night was uneventful Mary was very stable but showed no signs of getting more awake without the sedation.

In the morning after 12 hours with no sedation, Mary appeared still deeply sedated and her conscious state hadn't change from last night and in fact it hadn't changed since Mary has come out of surgery.

The bedside nurse is Sally again this morning and she called Susi to give her an update on her Mum's progress.

Sally explained to Susi that her Mum is doing very well, that she's medically stable, the sedation is off, but that she hasn't woken up yet.

Mary is still fully ventilated with a breathing tube in her mouth and she hasn't shown any signs of wanting to breathe by herself.

Susi is a bit taken aback by the news and she is asking Sally when her Mum will "wake up"?

Sally explains that it's hard to tell and that they hope for her Mum to be awake by tonight but that they simply don't know.

Susi is getting a bit panicky again, because she expected her Mum to be awake by now. Therefore Susi wants to get to the hospital as quickly as possible to be there with her Mum. Susi drops everything, she gets her mother-in-law to look after the kids today and off she goes to the hospital.

I need to zoom out again for a second.

Again from an Intensive Care perspective nothing has happened. An elderly lady had open heart surgery, she was a little bit unstable after surgery and had some bleeding. The bleeding was managed well and therefore she had to stay in an induced coma for longer as expected. No big deal, just Intensive Care realities!

Susi, spent the whole day at the bedside, anxiously waiting for her Mum to “wake up”. After the doctors had done their ward round one of the junior doctors casually mentioned to Susi, “we’re just waiting for your Mum to wake up and then we can take her off the ventilator!”

Susi was a bit taken aback in how casually the junior doctor referred to her Mum not “waking up” and she was a bit shocked by that. She was getting more and more impatient by the whole thing and she was surprised how casual the doctors and the nurses went about her Mum not “waking up”.

Keep in mind at this stage we’re talking about 24 hours of “not waking up”.

When it was time for Susi to leave around 8pm that night she was very worried because her Mum still showed no signs of “waking up” and her Mum still showed no signs of breathing by herself, the ventilator was doing all the work!

The bedside nurse Tom who took over from Sally went about his business and they were trying to do all the right things, stimulate Mary with a good bed bath, sit her up in the bed, they were doing regular mouth care and so forth. The Physiotherapy was doing some movement exercises, so they were doing all the right things.

Still no sign of Mary wanting to “wake up”! The next morning Susi phoned the ICU to find out how her Mum was doing and the bedside nurse Sheena told her that her mother Mary was still in a deep sleep and showed no signs of “waking up”.

The bedside nurse Sheena told Susi that Mary still hasn’t woken up. Susi was getting very upset at this point and she felt panicky again.

When Susi arrived at the hospital after she had dropped off the kids with her mother in law again, when she looked at her Mum she hadn’t really changed in the last 24 hours, she looked the same and she was still not responding to external stimuli.

It was now four days after Mary had open heart surgery and she still hasn't "woken up".

After the doctors had done their morning round again, one of the doctors came to see Susi and he said to her that they want to give her Mum a little bit more time until tonight and if she hasn't shown any signs of getting more awake that they will further investigate.

The doctor didn't seem to be panicky about the situation, however Susi was getting more and more upset about her mother's situation.

Let's zoom out again here for a moment and let's look at the bigger picture.

Whenever a critically ill Patient is being admitted to Intensive Care after surgery, after trauma or any other situation where they require mechanical ventilation and an induced coma, there comes a point when you want to take this Patient out of the induced coma, take off any sedatives, wean them off the ventilator, wake them up and get them off the ventilator(=extubation) and back to "normality" as quickly as possible.

In Mary's case, she's an elderly lady, 83 years of age who just had massive surgery after a heart attack. She was kept in the induced coma for a bit longer than planned because of her bleeding and instability, but she's now off the sedation and she should "wake up".

Mary has just been through one of her most traumatic situations in her life, never before has her body ever been that compromised and never before has she been as close to death as she has been in the last few days.

Open heart surgery is a massive event and on top of all the anaesthetics Mary had in the operating theatre, she also had Propofol(a short acting sedative) and she had Morphine(a strong pain killer) to manage the pain. Propofol and Morphine are two of the main agents being used in Intensive Care to keep critically ill Patients sedated and in an induced coma. Once they have been weaned off a Patient should be ready to "wake up"!

Propofol and Morphine are off now and Mary is still showing no signs of "waking up".

We are now at 48 hours of having no sedation for Mary and the best Mary has done now is twitching her eyes when people call her name or when they squeeze

Mary's fingers. She is still on full support from a ventilation point of view and she still hasn't made any effort to breathe by herself.

Neither the bedside nurse nor the doctors seem to be too worried that Mary isn't "waking up" and they still seem to be kind of casual about it.

Susi is getting more and more anxious about the situation and she feels like her mother will never "wake up"!

Before Susi is making her way home into the night, she asks the bedside nurse what the plan was for the night and the bedside nurse explained that they were just going to monitor her Mum over night, they were hoping that she would "wake up" and that they have to wait and see.

The bedside nurse also mentioned almost casually that if Susi's Mum still hasn't woken in the morning that they are planning to do a CT(detailed chest x-ray) of Mary's brain to make sure there isn't any brain damage, stroke or any other neurological event that Mary may have sustained that's causing her to not "wake up".

Susi couldn't sleep that night and she phoned the hospital every couple of hours to find out how her Mum is doing and whether she is "waking up".

The night went uneventful with no changes and the bedside nurse tried to calm Susi down over the phone every time she was ringing during the night.

The next morning Susi was feeling extremely tired and exhausted. When she picked up the phone again at 8am to make enquiries about her Mum's progress, the bedside nurse confirmed that there still hasn't been any change and that her Mum still isn't "waking up".

The bedside nurse also confirmed that her Mum is still not breathing by herself and that she's still fully ventilator dependent. The bedside nurse also confirmed that they had the CT of the brain scheduled at 11am this morning to check out whether there has been any brain damage or any other neurological event, however they think it's unlikely. However they need to check for it anyway to determine the next steps.

Mary has now been off sedation for more than 60 hours and still hasn't woken up.

Susi is getting more and more frustrated and worried almost by the minute and she realizes that she's very tense and she can't hold back her tears any longer. The

bedside nurse reassures Susi that everything is going to be OK and that there is no need to panic.

Again, I want to zoom out here for a moment.

What has happened so far is nothing unexpected and nothing that is unusual or uncommon in Intensive Care for somebody coming out of an induced coma and trying to “wake up”.

That’s why some Intensive Care staff, whether doctors or nurses can be so casual about it.

For you as a family member this is extremely stressful and frightening to watch and because you haven’t seen similar situations in the past you may start to panic.

The worst thing you can do when your loved one is critically ill in Intensive Care is to panic.

Intensive Care is a highly volatile environment and having patience is your biggest asset in this ‘adventure’. When your loved one is critically ill in Intensive Care anything can happen, good and bad.

However the reality is to know and understand that patience is key and it’s key to understand that “waking up” after an induced coma is often two steps forward and one step back.

Let’s get back to Susi and her Mum Mary who still hasn’t “woken up” after she has been taken off sedation nearly 72 hours ago.

Mary now had the CT scan of her brain and Susi has gone back to hospital for the afternoon.

Susi is still very anxious and she can’t bare it any longer to watch her Mum on the ventilator and still not “waking up”.

At around 3pm one of the doctors came to see Susi and he told her that the results of the CT brain were negative, meaning that there are no signs of brain damage. Everything looks normal and healthy!

Susi feels very relieved and at the same time she feels this urgency of wanting her Mum to “wake up”. She therefore asked the doctor what else they could do to make her Mum “wake up”?

The doctor said that they still want to wait until the next morning as they are positive that Mary will “wake up” when she’s ready to.

The doctor explained that they could give her Mum some Naloxone, which is the antidote for Morphine, but they still think that Mary should be given the time to “wake up” in her own time. Furthermore there is no indication that Mary had too much Morphine, therefore it’s unlikely that Mary is still asleep because she had too much Morphine.

By around 8pm that night and literally 72 hours after Mary had been taken off sedation Mary finally started to take some breaths on her own and after three long days Mary is now starting to show some signs of “waking up”.

The bedside nurse Tom, told Susi just before she was going home that her Mum is now trying to take some of her own breaths. Tom explained that they will be trying her Mum in a different ventilation mode overnight so that she will get less support from the ventilator and so that she can breathe more and more by herself.

Susi feels some relief but is still very concerned overall. Susi went home that night with mixed feelings, still unable to relax and get a good night’s sleep.

She still felt like she needed to call the Hospital overnight to get updates about her Mum.

The next morning Susi was still feeling tired and exhausted, having spent so much time in Intensive Care in the last few days.

Nevertheless she felt a glimmer of hope given that her Mum has now been breathing by herself overnight with much less support given from the ventilator.

When Susi arrived in the hospital the next day after 11am after she had dropped off the kids again, her Mum seemed to be a little bit more awake, at least intermittently moving her head and her arms a little bit. It wasn’t any purposeful movement, however it was still movement and it was a sign of life!

Susi could now at least see that her Mum was trying to “wake up” even though she still didn’t respond to Susi’s voice, even though Susi felt like screaming to her Mum “WAKE UP”!

Nevertheless, after nearly four days off sedation her Mum showed some progress, she was now breathing by herself and she was finally trying to move her head and her arms.

No eye opening as yet, but Susi was hopeful for the first time that her Mum opening eyes wasn't too far away.

At the end of Susi's day sitting at the bedside of her Mum she still felt very tense and vulnerable, but the doctors and the nurses reassured her that her Mum is "moving in the right direction" and that her Mum is doing well!

Susi didn't quite trust those statements because she didn't feel like after four days of her Mum "battling" to get to this point that she could do all that well!

Those four days of watching her Mum not "waking up" felt and still feel like an eternity to Susi.

It felt horrible and it felt like an ordeal. Susi still couldn't believe how relaxed most of the doctors and nurses were given that her mother still wasn't "waking up". Susi thought that they didn't care as much as she does.

And Susi is probably right to think that the doctors and the nurses don't quite care as much as she does about her Mum "waking up". However the reason I'm writing this book and the reason I'm explaining to you in detail what's going through people's minds from a health professional as well as from a family point of view is for you to understand where each of them are coming from.

Susi as a concerned, caring and anxious daughter of her critically ill Mum being in Intensive Care and not "waking up" feels like nobody is really taking her concerns serious enough and it feels like nobody cares!

The doctors and the nurses in Intensive Care are almost trying to casually ignore the fact that Mary still hasn't "woken up" after four days. That's at least how Susi feels.

The reality is that as I explained earlier, from an Intensive Care perspective not much has happened. It's still almost "business as usual". I know that might be shocking for you to hear, but as Intensive Care health professionals we have seen so much worse and we know that Mary will most likely "wake up" in her own time and she will leave Intensive Care and go to a ward in the next week or so. No big deal...The most important thing we know by now as well is that there is no brain damage!

Mary had a heart attack, she had cardiac surgery with bypass grafts, she was bleeding but has been quite stable given her overall critical situation.

Now it's day four after Mary has been taken off sedation, it's day six after she had cardiac surgery and given that she's elderly, the doctors and nurses expect that it'll take time for Mary to "wake up" and they know that she'll do it in her own time, especially since after the CT of the brain any brain damage has been ruled out.

Not all critically ill Patients in an induced coma who are elderly are waking up slowly, however there is certainly a tendency that with increasing age there can be a delay in "waking up" especially after big surgery or other traumatic events.

It doesn't have to be that way and sometimes it can be younger Patients as well who are slowly "waking up" after an induced coma.

Back to Mary and Susi.

Given that it's day four today for Mary since she has been taken off sedation and technically come out of the induced coma, it still doesn't appear as there has been much progress from Susi's point of view.

At the end of day four since Mary has been taken off sedation and day six after surgery, her daughter Susi still thinks her Mum isn't doing well at all. All she sees in her Mum is that she's twitching her eyes occasionally and she's moving her hands, but none of it is purposeful.

The doctors and the nurses assure Susi that her Mum isn't doing too bad overall, given that she is medically more and more stable and they assure Susi that she's recovering well from a heart point of view!

It's just that damn "waking up" part that's driving Susi nuts. And here's the thing. As long as critically ill Patients who have been taken off sedation after an induced coma are recovering slowly, they are still recovering! Intensive Care is not a Formula one race track. It's more like a competition amongst turtles. It's extremely slow and sometimes painstakingly slow.

In the bigger scheme of things what Mary and also her daughter Susi are experiencing is nothing unusual in the Intensive Care world and I can't stress this enough!

"Waking up" after an induced coma is not a race against time, it's just a natural process and you need to give your critically ill loved one the time to let them "wake up" in their own time.

I know it feels like an eternity to you and your family if your husband, wife, mother, father, daughter, son, uncle, aunt, grandmother or grandfather don't

“wake up” in the time frame that you expect and it can be extremely frustrating. However the critical illness of your loved one will test you in many areas of your life and the more information you can collect during this massive “once in a lifetime” challenge, the better prepared and the better informed you will be.

Back again to Mary and Susi.

At the end of day four not much has changed and Susi still feels extremely frustrated.

She is going home and she feels like she needs a break! She basically hasn't seen the rest of her family for the last week, she has rarely seen her kids and she misses them dearly! She feels like she's neglecting the rest of her family!

She feels like she needs a break the next day as she's just too exhausted from having spent so much time in Intensive Care in the last six days!

When Susi rang the ICU the next morning, which was day five of her mother being off sedation and her mother trying to “wake up”, it also marked one week of her mother going into surgery for the heart surgery after the heart attack.

The bedside nurse “reassured” Susi that her mother isn't doing too bad, she's very stable and the bedside nurse Sheena also said that her mother is now coughing, opening her eyes and is moving her legs! She's still breathing by herself and given that she's now coughing it's also a sign that the breathing tube is getting uncomfortable for her Mum!

And that's a good sign! Coughing is probably the best sign for somebody coming out of an induced coma trying to “wake up”.

Keep in mind when somebody is going into an induced coma, they always need mechanical ventilation and a breathing tube in their mouth because nobody can breathe in an induced coma!

Therefore mechanical ventilation and the breathing tube is mandatory in an induced coma!

It also means that when critically ill Patients in Intensive Care are “waking up” after an induced coma doctors and nurses are also looking for signs that Patients are starting to breathe by themselves as well as starting to cough!

Coughing is a good sign and it shows that critically ill Patients are irritated by the breathing tube and are getting closer to having the breathing tube removed! It's the

first step to being able to maintain and protect their airway without the breathing tube and that is essential in order to have the breathing tube and the ventilator removed!

On top of that critically ill Patients need to start opening eyes, follow simple commands like squeezing fingers, wiggling their toes or poke out their tongue!

Once they do all of this they are ready to have the breathing tube removed and they have “woken up”!

Now with Mary and her daughter Susi, Susi had to wait another three days before her mother finally “woke up” and before her mother was ready to be taken off the ventilator!

It felt like an eternity for Susi and it felt like her mother would never “wake up”!

In total it took her mother 7 days- a full week- to “wake up” after sedation had been stopped. That’s a total of 9 days in Intensive Care if you add on the two days while Mary was in the induced coma immediately after she had open heart surgery!

What a nightmare for Susi and the rest of her family!

I could have gone on and on and instead of seven days that it took Mary to “wake up” it could have also been two weeks and even longer in some instances.

I have seen so many critically ill Patients in Intensive Care “waking up” very slowly and in their own time that I could write a book about it, which is what I am just doing!

Mary was otherwise really recovering well, her heart was beating strongly and she was on minimal medical support! Those were all good news, because having a heart attack at the age of 83 isn’t fun and it can be quite dangerous, but given that Mary has now come out of the induced coma she seems to be back on track as much as she could be in those circumstances.

Mary stayed in Intensive Care for a total of 13 days and finally went on to the cardiac ward!

Now I really had to go into detail here, because I know how impatient families of critically ill Patients in Intensive Care can be when their loved one isn’t “waking up”! Again, please be patient and never ever give up!

And I really have to also highlight again that families are impatient and on the other side of the spectrum there are the doctors and the nurses who are extremely

patient when a critically ill Patient isn't "waking up" after an induced coma. That's just simply because they have seen this phenomenon over and over again and they know that most critically ill Patient after an induced coma will "wake up" in their own time as long as any brain damage has been ruled out.

What's also important to know is that everything I have described thus far is really how critically ill Patients in Intensive Care "wake up" who don't have a head or brain injury or sustained a stroke!

Everything that's related to the brain is different and "waking up" after an induced coma after critically ill Patients sustained head or brain injuries or a stroke makes "waking up" very different and I have written an entire Ebook(including 2 Videos and 2 Audio recordings) about this topic and you can find it here(click on the link)

[THE 10 THINGS YOU DIDN'T KNOW ABOUT SEVERE HEAD OR BRAIN INJURIES\(including traumatic brain injury and stroke\) IN INTENSIVE CARE THAT YOU MUST KNOW, ESPECIALLY IF YOUR CRITICALLY ILL LOVED ONE ISN'T WAKING UP!](#)

This concludes the first mistakes you are making and it really highlights and stresses that patience is one your biggest virtues and assets in this challenge and difficult situation when your critically ill loved one isn't "waking up" after an induced coma!

Mistake number 2: You and your family are not looking at the bigger picture!

Let's move on and let's look at what other mistakes I have seen families of critically ill Patients in Intensive Care are making over and over again when their loved one isn't "waking up" after an induced coma.

I have also found that families in Intensive Care struggle to look at the bigger picture when their loved one isn't "waking up" after an induced coma in Intensive Care!

What do I mean by that?

The bigger picture when a critically ill Patient is in an induced coma for a critical illness is quite frankly that they are critically ill!

Critical illness simply means that your loved one's health is compromised to the point where they need treatment for their critical illness in Intensive Care and that often includes artificial life support!

Now, given that you are here and you are reading this I know for a fact that your critically ill loved one needs artificial life support, because as I explained to you earlier, an induced coma always goes hand in hand with mechanical ventilation and a breathing tube and that's classified as artificial life support!

In essence it means that the critical illness of your loved one requires the function of the lungs to be taken over by a mechanical ventilator and a breathing tube! Your loved one couldn't live without it!

That's very significant if you think about it because every healthy person is not thinking about breathing in and out, it just naturally happens, in fact it's a reflex that's just naturally triggered by the body.

The fact of the matter is that for whatever reason, a critically ill Patient had to be induced in an artificial coma, was put on a ventilator in order to keep them alive.

In the example that I gave you earlier, Mary was put in an induced coma because she had to have emergency as well as life saving open heart surgery!

After Mary was diagnosed with an acute heart attack, she had to have open heart surgery to save her life and therefore after five hours of surgery and the bypass grafts, she couldn't just be taken out of the induced coma and be "woken up"!

The fact of the matter is that Mary has never been as close to death ever before as she has been since she sustained the heart attack!

Open heart surgery as well as any other major surgery that requires a post-operative stay in Intensive Care will most likely go hand in hand with an induced coma and hence a breathing tube and mechanical ventilation!

Again, unless your critically ill loved one had multiple previous Intensive Care admissions, there is a very good chance that your critically ill loved one has never been as close to death as at the time of their Intensive Care admission and their Intensive Care stay!

Now, I gave an illustrative example with Mary after open heart surgery not “waking up” and I have now also mentioned a few times that any other major type of surgery requiring Intensive Care results in an induced coma, mechanical ventilation and a breathing tube and the reasons I keep mentioning major surgery including the induced coma and not “waking up” is that it’s very common in Intensive Care.

However, I also need to point out that many many other situations in Intensive Care require an induced coma and hence can trigger a delay in “waking up”.

For example, if your critically ill loved one gets admitted to Intensive Care with a severe Pneumonia, severe Asthma or COPD(=Chronic obstructive pulmonary disease), there is a very good chance that your critically ill loved one can’t sustain adequate breathing and ventilation. Therefore a common scenario is to put your critically ill loved one on a ventilator with a breathing tube, make sure that they get adequate oxygenation and that this vital bodily function that every healthy person isn’t even thinking about is taken care off!

Mechanical ventilation and the breathing tube are so uncomfortable that critically ill Patients wouldn’t be able to tolerate it without being induced in a coma!

I’ll give you another example.

Fred is a healthy 74 year old man who enjoys life! He lives on a farm with his 70 year old wife Stacey and even though he’s semi-retired he still enjoys doing some work on the farm every day!

In the last few days Fred hasn’t been feeling well and he feels like he has a flue coming on. No big deal Fred thinks to himself, he just has to slow down a bit and it’ll go away soon as it always does!

This time Fred seems to be getting worse and worse and after staying in bed for three days his wife Stacey gets very worried and she calls their GP to make a home visit. By now Fred has a temperature that is well above 38.5 C/101 F.

Fred’s GP is very concerned when he examines Fred and when listening to his chest he can barely hear any air entry!

The GP thinks that Fred has a Pneumonia and he thinks that it’s best to send Fred to hospital.

As Fred is too weak to get up his wife rings an ambulance for transport to the next hospital.

When Fred arrives at the hospital in the emergency room/ emergency department, he has an oxygen saturation of 84% and his oxygenation in his blood is about 54 mmHg. On top of that he has a really poor chest x-ray result and the infection markers in his blood are significantly elevated. Therefore he has been diagnosed with a severe Pneumonia.

His level of consciousness is dropping and Fred is getting more and more short of breath.

The doctors and the nurses in the emergency room/ emergency department decide to intubate Fred and send him to Intensive Care.

Intubation means that Fred will be induced in a coma and he will simultaneously have a breathing tube inserted in his throat and he will be put on mechanical ventilation.

Fast forward, Fred is now in Intensive Care, he's been placed in an induced coma and he's on mechanical ventilation with a breathing tube in his throat!

For the next few days, Fred is being treated for the Pneumonia, his lungs get a rest by having the ventilator do the work for him, he'll stay in an induced coma and he will be treated for the infection with intravenous antibiotics!

After about 7 or 8 days of Fred being in Intensive Care, in the induced coma, on mechanical ventilation and with the breathing tube in his mouth, the signs are there that the antibiotics are doing their job and that the infection is clearing up. This is also evident in his chest x-rays that Fred is having daily and the infection markers in his blood are going down!

When Fred was first placed on mechanical ventilation, he was on lots of ventilation support, with lots of positive pressure and oxygen up to 80% (room air is 21% oxygen).

Now, four days after Fred's admission to hospital and Intensive Care, the doctors and the nurses think that it's time to slowly reduce sedation and that it's time to get Fred out of the induced coma in stages.

Fred unlike our first example Mary is on Midazolam/ Versed(=long acting sedative) and Morphine(opiate and strong pain killer) to keep him in the induced coma.

I just want to quickly explain that in our first example with Mary, she was on Propofol(=short acting sedative) and Morphine and Mary therefore should have

“woken up” much quicker than Fred, because Fred is on Midazolam/ Versed(= long acting sedative).

Therefore from experience, taking critically ill Patients out of an induced coma after Midazolam/ Versed sedation compared to Propofol sedation might take even longer but doesn't necessarily have to.

Given that critically ill Patients in an induced coma on Midazolam/ Versed tend to be slower to “wake up” compared to critically ill Patients on Propofol, you may have to be even more patient when your loved one is being “woken up” after an induced coma!

Midazolam/ Versed has a much longer half life compared to Propofol and therefore stays in the body for much longer. Therefore once Midazolam/ Versed is being ceased, the effects of it are usually longer present compared to Propofol.

Midazolam/ Versed is also classified as a Benzodiazepine and “Benzos” tend to be addictive to people, especially when being misused. When critically ill Patients in Intensive Care are given Benzodiazepines in form of Midazolam/ Versed, Patients are at risk of addiction and therefore they can withdraw when the Midazolam/ Versed is being ceased or even slowly weaned off.

Therefore the longer a critically ill Patient is staying on Midazolam/ Versed the higher the chances are that they are going through a withdrawal when being taken out of the induced coma and when they are being “woken up”.

For example, if a critically ill Patient is in Intensive Care on a mechanical ventilator, has a breathing tube in their throat and is in a prolonged induced coma- prolonged induced coma is usually anything above 7 days- Intensive Care Units tend to use Midazolam/ Versed as opposed to Propofol. They still need to use a pain killer(opiate) as well and in most cases Morphine or Fentanyl are being used to treat the pain.

Morphine and Fentanyl also have the tendency to be addictive to people and therefore, the combination of Midazolam/ Versed for sedation and Morphine or Fentanyl for pain relief are a powerful combination to make a prolonged induced coma possible in the first place. The induced coma can be a healing force in and of itself, as it gives the body time to rest and recover and deal with the critical illness.

At the same time an induced coma should only last for as long as necessary as it comes with powerful and negative side effects such as mechanical ventilation,

immobility, addiction to drugs, nightmares, psychosis, the formation of blood clots and the list goes on and on.

Therefore minimising the time spend in an induced coma is paramount for the reasons that I just mentioned.

If you are concerned that your critically ill loved one is being placed in an induced coma for longer than necessary, you should discuss this with the Intensive Care team. Now that you are learning about this in detail, you have enough information to state your point and argue your case!

Back to Fred who has now been in Intensive Care for 4 days, the intravenous antibiotics are working, his chest X-ray is clearing up, his infection markers in his bloods are coming down and he's getting less and less support from the ventilator!

He's now coming to the point where the doctors can reduce his sedation and basically half the amount of Midazolam/Versed and Morphine.

After the nurses have reduced the sedation Fred has been given by 50%, they want to assess whether Fred will show any signs of "waking up".

Fred's wife Stacey has been very patient thus far and she has trust in Fred's ability to master this challenge so that his body can fight this critical illness! Fred's been a hard working farmer all his life and Stacey thinks that he'll have enough strength to get through this!

By the way, this is a good mindset to have and if you are finding yourself that the Intensive Care team is overtly negative towards the critical illness of your loved one, you getting informed, you doing your own research, you knowing what questions you need to ask and therefore feeling more confident will automatically make you more positive!

Staying positive I believe is often half of the battle!

The next morning Stacey visits Fred again and the only thing that has changed so far is that the nurses were able to reduce some of the ventilation support overnight and Fred is taking some breaths by himself now.

Other than that, Fred hasn't been showing any signs of "waking up" however given that they've reduced the Midazolam/Versed by 50% and the Morphine by 50% it's too early for him to fully "wake up" as yet anyway.

The good news is that Fred isn't showing any signs that he's withdrawing from the medications he's been given for the induced coma. Therefore the next steps of taking the Midazolam/ Versed and Morphine off completely can be taken.

Fred has now been in Intensive Care for a total of 8 days and he's now at the point where he's off the sedative medications that kept him in the induced coma.

Given that his medical condition has improved and given that his Pneumonia has been clearing up, the Intensive Care team wants to take him off the ventilator as quickly as possible.

At the end of day 8 since he first came to Intensive Care with a severe Pneumonia, Fred is still not "waking up" he's showing no signs of eye opening, he's not responding to voice and all he's doing for now is taking some breaths on his own on top of the ventilator support.

Again, just like in Mary's case that I explained earlier not much has happened and so far it's "business as usual" in a busy Intensive Care Unit.

One of the reasons why I can describe this process of "waking up" after an induced coma to you in an Ebook, is simply because I have seen it over and over again! I have probably seen hundreds if not thousands of critically ill Patients going through this process!

Therefore from now on, Fred's path to moving out of the induced coma is similar to Mary in our first example.

The only difference is that Fred had Midazolam/ Versed instead of the Propofol and therefore for sedation and therefore a delay in "waking up" is more likely, as Midazolam/ Versed is a long-acting sedative and Propofol is a short-acting sedative.

Therefore Intensive Care teams expect critically ill Patients who had Midazolam/Versed instead of Propofol for sedation to "wake up" slower.

As a rule of thumb, Propofol is often given for short-term sedation and Midazolam/ Versed is given for long(er)- term sedation.

Therefore if Fred hasn't "woken up" after another 2-3 days the doctors and the nurses may even be more casual about it than in Mary's case.

Again, given that Fred has just been through a severe critical illness, his body will need time to adapt to these new circumstances and his body will need time to rest and heal.

One way to look at your critically ill loved one not “waking up” quickly after an induced coma is that “they just can’t be bothered”, meaning they are just too tired and they need to rest!

Fred- just like Mary in our earlier example- is taking his time to “wake up” and Stacey his wife is certainly getting more and more concerned that he still hasn’t “woken up”, however at the same time she is very pleased to see that his Pneumonia has cleared up, that he’s started to breathe and that he’s trying to open his eyes, even though he still hasn’t fully opened them.

After 10 days in Intensive Care, Fred is now starting to “fight” the ventilator, he’s breathing by himself, he’s coughing and he’s slowly but surely trying to reach the breathing tube and he’s trying to take it out by himself, which again is a very good sign!

He’s not at a point where he’s making eye contact with people but he’s now opening his eyes spontaneously! He’s not following simple commands as yet, such as squeezing fingers or wiggling toes. However he’s moving all of his limbs and therefore he’s not far away from getting off the ventilator and having the breathing tube in his mouth removed(=extubation).

On day 11 since Fred has been to Intensive Care, he has finally become more rousable and awake and he’s now in a position where he’s making eye contact, he’s getting stronger and stronger and he can finally follow simple instructions like squeezing fingers! He’s therefore “woken up” enough to have the breathing tube removed and breathe by himself!

Again just like in the example from Mary where it took her a total of 9 days to finally “wake up”, it took Fred 11 days to “wake up” and have the ventilator and breathing tube in his throat removed.

I can’t stress this enough, that anything between 3 days and even 14 days of not “waking up” after an induced coma is nothing unusual in Intensive Care!

It really depends on the person, on their illness, on their personality and also on how much time they need to recover. There is no such thing as “one size fits all!” when it comes to “waking up” after an induced coma in Intensive Care!

I hope this really is bringing things home for you. The number of people that first come to my INTENSIVECAREHOTLINE.COM website in order to find out how long it'll take for their critically ill loved one to "wake up" after an induced coma is extremely high and I get the feeling that they all expect miracles and a fast track recovery!

Again Intensive Care is a highly volatile and unpredictable environment and therefore "waking up" after an induced coma can sometimes be like a turtle race!

That leads me to the next mistake that families of critically ill Patients in Intensive Care are making when looking for signs when their critically ill loved one will "wake up".

Mistake number 3: You and your family expect "waking up" after an induced coma like switching on a light, whereas in reality it's more like switching on a light with a dimmer!

As you have seen by now with the two examples that I've given you with Mary and Fred, who both took their time to "wake up" after their induced comas, it was more like a turtle crawling to the finish line, rather than a Formula one car racing to the finish line!

One thing that I realised when working with thousands of critically ill Patients and their families in Intensive Care over the years was that they all thought that "waking up" after an induced coma is an event! Most families think that their loved one will just "wake up" and they will be back to normal in a heartbeat.

The truth of the matter is that "waking up" after an induced coma is a process and not an event!

"Waking up" after an induced coma is more like switching on a light with a dimmer slowly, rather than switching on a light with a switch!

There is always the exception to the rule and there are some critically ill Patients in Intensive Care who "wake up" quickly after sedation and opiates/ pain medications have been ceased, however given that you are reading this Ebook, your critically ill loved one most likely still hasn't "woken up" and therefore you are seeking out this information!

Again, you've got to keep in mind that the medications that are being used for inducing a critically ill Patient into a coma are quite potent drugs. Please also keep

in mind that the induced coma is always going hand in hand with mechanical ventilation and a breathing tube in a Patient's throat.

Mechanical ventilation and a breathing tube in your critically ill loved one's throat is extremely uncomfortable and therefore requires sedation, pain killers and the induced coma.

A healthy person is breathing through negative pressure, because when we breathe in we are creating negative pressure in our lungs. On the other hand, mechanical ventilation and the breathing tube is creating positive pressure in the lungs and is therefore counterintuitive to our natural physiology.

Therefore, an induced coma may come with the negative side effects of not "waking up" quickly after being "woken up" once the sedation and pain killers have been used.

As you have also seen in our two examples with Mary and Fred, they have very much taken their time "waking up" after the induced coma. Therefore I think I'm even exaggerating when I say that "waking up" after an induced coma is like switching on a light with a dimmer. In some instances it's even much slower than that.

Therefore I have also mentioned that it's like a turtle crawling to the finish line...

Mistake number 4: You and your family don't realize that your critically ill loved one also needs time to heal from their critical illness, irrespective of how quickly you want them to "wake up"!

Now, the delay and slow pace of "waking up" is a result of

- The accumulation of powerful sedative and opiate drugs in the body system of your critically ill loved one
- The disease process
- Recovery time needed in order to effectively deal with the critical illness

I really want to focus on the last point here, where I want to highlight that "recovery time is needed in order to effectively deal with the critical illness".

Whatever critical illness your loved one is battling and whatever critical illness got your loved one admitted to Intensive Care in the first place, there is- once again- no size fits all.

No matter how much we as logical and rational human beings try and standardize everything, try and put it in a box in order to make sense out of it, when it comes to “waking up” after an induced coma this approach is doomed to fail.

Again, there is no such thing as “one size fits all” when it comes to “waking up” after an induced coma.

Critical illness in Intensive Care is a massive and stressful life event and it can't be underestimated!

There is a very good chance that your critically ill loved one's admission to Intensive Care is bringing them as close to death as they have ever been and the risk of your critically ill loved one not leaving Intensive Care alive is a potential reality!

If you want to know more about how many Patients are leaving Intensive Care alive you can check out this Ebook here([click on the link](#))

[THE 9 MYTHS OF BEING A CRITICALLY ILL PATIENT IN INTENSIVE CARE!](#)

Now, I'm not suggesting that your critically ill loved one is dying in Intensive Care, however they are critically ill after all and that's a fact that you can't ignore!

Therefore, your critically ill loved one's body is being forced to deal with massive challenges that take their toll.

I don't know how you feel, but whenever I feel sick and I spend a couple of days in bed and I feel awful! And that's just for having a bad flu!

Imagine you're in hospital for a critical illness! How do you feel? You feel shit!

Therefore, even though your loved one will most likely not remember most of their stay in Intensive Care, they will need time to heal, time to recover and time to give their body a rest!

And when your loved one is critically ill in Intensive Care, they're not “just having a flu”, they're battling a critical illness of some sort!

Therefore, give them and their body the time to heal, to recuperate and to deal with this challenge in their own time!

Again, no matter how much you, your family and the Intensive Care team want to speed up the process, your critically ill loved one most likely won't remember

much of their stay in Intensive Care and therefore also won't remember whether they "woke up" in two hours, in two days, in six days or in 10 days...

Time is a good if not the best healer and therefore, be patient and give your critically ill loved one the time they need to deal with and master this challenge!

Mistake number 5: You and your family ignore the age factor

Now, in the real world examples that I've given you, I deliberately chose Fred who's 74 years of age and Mary who's 83 years of age.

From my clinical experience as well as from my counselling and consulting practice experience, there is a higher chance that with increasing age "waking up" is slightly more difficult and is more delayed.

I can confidently say that the higher the age for a critically ill Patient, it correlates with a delay in "waking up" after an induced coma!

It probably makes sense that when you're older that everything is slowing down in your body and that also includes your metabolism.

Your critically ill loved one's metabolism is crucial when "waking up" after an induced coma, because all the sedative and opiate drugs are being metabolised by the kidneys and the liver.

Therefore, there is a really high chance that your critically ill loved one with increasing age will need more time to "wake up" because it takes longer for the sedative and opiate drugs to be metabolised and therefore excreted by the body.

As long as there are sedative and opiate drugs "floating" around in the body system it often shows in not "waking up" as quickly as expected!

On the one hand I am pointing out the age factor, however on the other hand, you might be reading this Ebook and your critically ill loved one is really young and they are still not "waking up" after their induced coma!

Again, I have seen all facets when critically ill Patients in Intensive Care are not "waking up" and it certainly isn't always an age factor!

There are 25 year old Patients in Intensive Care who don't "wake up" as quickly as expected and they may just take as long as a 83 year old Patient. Again, there are always exceptions to the rule!

If you think that your critically ill loved one is young enough to “wake up” quicker, you should still go back to mistakes 1-4 and read through the information again, because it still applies.

I have seen critically ill Patients in Intensive Care above the age of 70 who have “woken up” relatively quickly and at the same time I have seen critically ill Patients in Intensive Care who are 30 years of age who have just taken as much time to “wake up” than an 80 year old critically ill Patient.

The same applies in my [1:1 counselling and consultancy practice](#) . There are plenty of families in Intensive Care who seek out my advice that have a young family member that’s not “waking up” after an induced coma and there are plenty of families in Intensive Care who seek out my [1:1 counselling/ consulting advice](#) and they have a loved one critically ill in Intensive Care that’s not “waking up” who’s in an older age bracket.

I just can’t stress and highlight enough that there’s no “one size fits all”!

And again, please be patient, give your critically ill loved one the time, the nurturing and the peace they need in order to “wake up” in their own time.

Last but not least, I also want to point out that good nursing care is very important too! And that’s also an area that’s highly underrated.

It’s also difficult for families of critically ill Patients to assess what is considered good nursing care.

Let me explain in more detail.

Good nursing care when trying to bring somebody out of the induced coma and “wake up” are things like

- Making sure your critically ill loved one is sitting up in bed for stimulation(unless there is contraindication due to the nature of their injuries, I.e. Fractures)
- Regular mouthcare, eyecare and nose care
- Regular body washes and back washes for hygiene and stimuli
- Regular turns from side to side to prevent pressure sores
- Talking to your loved one even if it seems that they can’t hear
- Touching your loved one gently when talking to them
- Explaining to your loved one what has happened and what is happening

- Sitting them out of bed in a recliner chair or on a tilt-table, even whilst they are ventilated

I can't stress enough how important all of these points are and they mustn't be underestimated. If you think that your critically ill loved one isn't getting good and the best nursing care, you should raise this with the Intensive Care team.

Depending on the culture in an Intensive Care Unit, sometimes the focus can be more on the medical rather than the nursing care needs.

However, the nursing side of things when not "waking up" after an induced coma is just as- if not more important- compared to the medical issues at hand!

TLC or "Tender loving care", empathy, compassion, nurturing and good communication with families in Intensive Care is just as important as focusing on the medical needs of a critically ill Patient in Intensive Care!

Talking to families and explaining to them in detail is just as important as looking after your critically ill loved one who isn't "waking up" in a desired time frame!

I hope that this Ebook has served you well and I hope that you now have a better understanding what it means for your critically ill loved one in Intensive Care to "wake up" after an induced coma.

Hopefully I was able to elevate your thinking and also to lift your spirits, because I know how frustrated and vulnerable you feel when you are sitting at the bedside in Intensive Care and your critically ill loved one isn't "waking up" after an induced coma!

If you want to know more about induced coma you should also check out this Ebook here for more in depth information

The 10 most frequently asked questions when your loved one isn't "waking up" after an induced coma!

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.

You can check out our other EBooks/Videos and Audio recordings here

<http://intensivecarehotline.com/products>

If you'd rather talk to me directly, you can do so by checking out my 1:1 counselling/ consulting over the phone/ Skype here(click on the link)

- [One on One counselling/consulting via Phone/ Skype with Patrik](#)

Or if you prefer to have your questions answered in an email, I also offer 1:1 counselling/ consulting via email. Find out about the options here(click on the link)

- [Your Email questions answered by Patrik](#)

For more information tips and strategies if your loved one is critically ill in Intensive care, check out our “**blog**” section and also check out the “**your questions answered**” section, where I answer our readers questions. 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 any other questions!

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Sincerely, your friend

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