Nursing Home Discharge After ICU: Is Mom Out of the Woods?

Families' FAQ: “Is she really out of the woods?” | Quick tip for families in intensive care

A daughter's mother was discharged from ICU back to her nursing home. She is alert, talking and “feisty”, but her breathing rate is still high, her oxygen saturation has ranged from 90 to 98%, and her protein is low. Her GP says that may be an end-of-life sign. Here is what families in this situation need to know.

Q. Are the positive signs real?

Yes. Alert, talking and feisty are good signs, and being out of ICU and off high-flow oxygen is real progress. But one good day doesn't mean she is out of the woods. Her oxygen was drifting down to about 90% and her breathing rate is still high, and those deserve attention.

Q. Is an oxygen saturation of 90% dangerous?

Not necessarily an emergency in every patient, but it needs clinical attention, particularly with a high respiratory rate. A saturation of 90% corresponds to roughly 60 mmHg of oxygen in arterial blood, around the lower limit of acceptable oxygenation in many situations. **The trend matters more than one reading.** A high breathing rate means her body may still be working harder than it should, even when she doesn't look distressed.

Q. What could be driving her high respiratory rate?

Fluid in the lungs, ongoing infection, a blood clot or heart failure. And it may be connected to her **low protein**, though other causes must be assessed by the treating team. An elevated respiratory rate in a nursing home resident should always prompt the question: **what is driving this?**

Q. How can low protein affect her breathing?

Albumin, the main blood protein, keeps fluid inside the blood vessels (oncotic pressure). When it drops, fluid can move into the tissues, causing swelling and sometimes fluid in the lungs (pulmonary oedema), which makes breathing harder, can lower oxygen saturation and can raise the breathing rate. Fluid overload is another possible contributor, so ask for the fluid balance chart.

Q. Is low protein an end-of-life sign?

It can occur near the end of life, but it can also come from other conditions that may be treatable. Before accepting that conclusion, ask: **Has a gastroenterologist been consulted? Has a dietitian reviewed her intake? Have nutritional supplements or tube feeding been considered, if appropriate? Has anyone looked at why she can't absorb enough protein** (gut motility, malabsorption or something else)? These questions need answers before anyone uses the phrase “end of life”.

Q. Which medical records should we get, and from whom?

Everything, from the hospital (including the ICU) and from the nursing home: all blood results, imaging (chest X-rays, CT scans), doctors' and nursing reports, the discharge summary, specialist letters, ventilation and vital sign charts, laboratory results and the fluid balance chart. They may contain details never communicated at the bedside. Access is governed by law in Australia, the US, Canada, the UK and India, so ask now rather than next week, then have someone explain them in plain language.

Q. What should we ask the nursing home?

What is its **respiratory monitoring plan**? Can it monitor her oxygen levels, recognise deterioration and respond appropriately to her clinical needs? Ask the GP, the pulmonologist and the nursing home to make sure everyone understands your concerns.

Q. When should we get urgent help?

If her saturation stays around 90% or falls, or she develops worsening breathing, confusion, unusual drowsiness, chest pain or other concerning symptoms, **contact her treating clinician urgently**. If she is severely breathless or deteriorating, **seek emergency medical assistance**. If her oxygen keeps dipping or her breathing rate stays high, prompt medical reassessment is important.

Q. How can a consulting call help, and what is Intensive Care at Home?

On a consulting call with Intensive Care Hotline we go through the records with you, explain what the picture may mean, identify questions you may not have considered and help you prepare to advocate with the ICU team, pulmonologist, GP and nursing home. **Intensive Care at Home** (third-party accredited, NDIS registered, operating across Australia) provides specialist 24-hour critical care nursing for adults and children at home and, where appropriate and feasible, in nursing homes, including BiPAP/CPAP, high-flow oxygen, close respiratory monitoring and tracheostomy care. Families in the USA, Canada, UK, India and elsewhere can reach out too. It does not replace medical assessment or emergency care.

Need independent expert advocacy? Intensive Care Hotline can help.
Patrik Hutzel brings 25 years of critical care nursing experience. We go through the records with you in plain language, help you prepare questions, and advocate with the hospital, GP and nursing home. Book a **free 15-minute consulting call**.
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Mobile 041 094 2230 (within Australia) or email via **info@intensivecareathome.com**
Book a free 15-minute appointment: http://intensivecarehotline.com/scheduling-appointment/ | **intensivecarehotline.com**

General information for families, not a substitute for advice from your loved one's treating medical team.