My Loved One Is in the Intensive Care Unit—What Should I Know?

What Is the Intensive Care Unit?
The intensive care unit (ICU) is an area of the hospital that can provide more intensive monitoring and treatment than a typical hospital unit. Patients generally need care in the ICU during severe or complex illnesses.

Will My Loved One Be OK?
It is sometimes hard to predict if someone will recover from severe illness. How a patient responds to treatment early on provides important information. The majority of patients in the ICU survive to leave the hospital. Long-term recovery for those who survive a severe illness varies. Some patients in the ICU return to normal health, but more than half will have persistent physical limitations, problems with thinking, or mental health issues such as depression. Many survivors will be at least partially dependent on caretakers for activities like bathing and dressing. Some people will need treatment and rehabilitation at a care facility after hospitalization in an ICU.

What Does “Life Support” Mean?
In the ICU, there are machines and medications that can support essential life functions in severely ill patients. For example, a mechanical ventilator is a machine that pushes air into the lungs when patients struggle to breathe on their own. In general, life-support machines and medications do not heal the body; instead, they support essential functions to allow time for the body to heal.

How Can I Communicate Effectively With the ICU Team?
Care in an ICU is so complicated that a team of physicians, nurses, and others with special training is necessary, but there is typically 1 physician overseeing care. Ask the physician for a convenient time of day to provide an update, and try to be flexible and available during that time. Designate 1 person to represent your family or group. Keep a notebook, and write down the name and role of key care team members.

What Are Some Things I Can Do to Help Support My Loved One?
Bring in medical records, a list of home medications, and an advance directive, if completed. Talk to your loved one, even if you are not sure that they hear you. Bring in photographs, news from home, favorite music, a calendar, and other orienting, comforting items. Bring in hearing aids and glasses. If your loved one cannot speak, bring a pad of paper to write on or a “communication board” with phrases to point to. Offer to supervise the patient when awake or out of bed in a chair. Get a lesson from the staff in stretching and exercising arms and legs. Protect sleep. Bring in earplugs, a sleep mask, or a white noise machine. Ask whether it is possible to dim lights and quiet alarms at night. Ask frequently whether it is possible for any tubes and lines to be removed (eg, central lines, urinary catheters, breathing tubes) to minimize the risk of infection.

What If I Need to Make Decisions About Life Support?
It is possible to keep people alive on machines for a long time. Most deaths in the ICU happen after families have made the decision to withdraw life support because they understand that their loved one is not getting better and will not be able to return to a reasonable quality of life. Such decisions are loving, courageous, and common. If you are the proxy and are asked to participate in decisions about life support, it can feel like an overwhelming responsibility. But remember, your job is not to make decisions yourself, but to represent to the ICU team what your loved one would want (which may not always be what the family wants).

FOR MORE INFORMATION
American Thoracic Society
https://www.thoracic.org/patients/patient-resources/managing-the-icu-experience/
My ICU Guide
https://www.myicuguide.ca