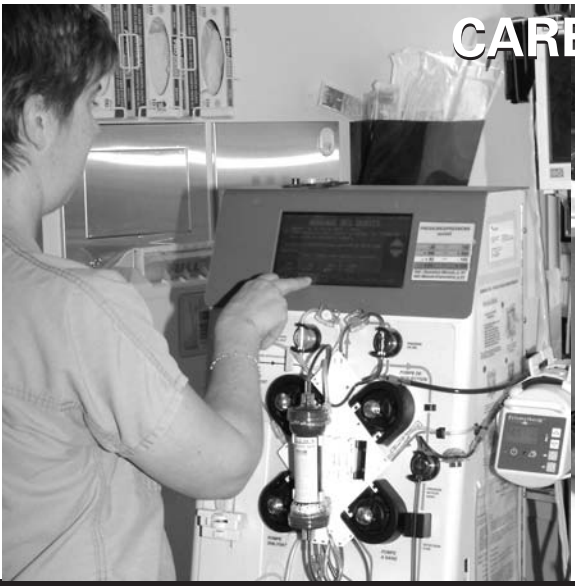
Hôpital Maisonneuve-Rosemont
Centre affilié à l'Université de Montréal

INTENSIVE CARE



The Patient's Behaviour and Your Participation in their Care

Pour vous, pour la vie

Your family member was hospitalized and is now in the intensive care unit. This experience can be very stressful for you and for the patient. This guide will inform you on how you can contribute in making your loved one more comfortable and what measures we take to make his experience in the intensive care unit less stressful.

Your loved one doesn't act normally

There is a chance you will notice changes in the behaviour of the person you visit in the ICU. The hospitalization and sickness of your friend or family member are stressful events that can have an important impact on mental health. In the ICU, he will probably receive medications to alleviate pain or reduce anxiety.

Analgesics are drugs administered to eliminate pain but can also have an effect on the level of consciousness of the person. The persons who receive this kind of medication might be a bit "slowed down" or groggy and can have trouble maintaining a conversation and can fall asleep easily.

Sedatives are used to relax the patient and to calm him. Because of the enormous stress associated with spending time in the ICU, many patients become agitated and aggressive and need medication to reduce anxiety and agitation. It is sometimes necessary to administer higher doses of sedatives; the person can fight the ventilator, try to pull out the tubes they need as part of their care or be hostile towards the staff. In extreme situations, the physician might induce what we call a "drug-induced coma", which means that the condition of the patient requires that he sleeps deeply so that he's as stable as possible. During this period, there's a great chance that the patient won't be able to wake up at all. This situation is reversible when the medication is lowered or ceased, and your loved one will return to a normal state.

We always try to reassure the agitated patient. Sometimes, we need to use soft restraints before giving sedatives. Do not be worried; even the calmest person can be the most difficult patient during his stay in the ICU. If you notice dramatic changes in the behaviour of the person you visit, tell the staff. Your help is very important. The staff will adjust the medication accordingly.

Your loved one doesn't recognize you, is confused or incoherent

Patients in the ICU often lose touch with reality. The severity of their sickness, the sedative and analgesic drugs, alarms and constant activity, artificial lighting, being awakened anytime, make it difficult to remain oriented. The patient might not know where he is anymore, and forget the date or time of day and why he is hospitalized.

A complication associated to hospitalization called delirium occurs often in the ICU. Delirium is characterized by confusion, disorientation, lack of attention, agitation, reduced sleep or irregular sleeping cycles (the patient is active during the night and sleeps all day), incoherent speech, sometimes hallucinations. Delirium appears suddenly and its symptoms can fluctuate during the course of the day. So, it is possible that a normal patient in the morning can be delirious at night and back to normal the next day.

Different studies have identified characteristics that make certain people more at risk to become delirious during their hospitalization.

Older people, persons with prior mental health problems, patients coming out of surgery (especially those who receive a lot of sedatives and analgesics) are particularly vulnerable. Smokers, big consumers of alcohol, drugs or medication add another stressor to their fragile condition because their habits are stopped during hospitalization. It would be important to communicate these habits to the hospital staff. Information that seems too private can make a big difference in the way your loved one is cared for. Rest assured that this information will remain confidential; the staff's mission is to cure, not to judge.

The employees working in the ICU are highly sensitized to the delirium issue and are trained to detect early signs of delirious episodes. Delirium is reversible and we do everything to avoid its onset or to treat it as fast and efficiently as possible.

What you can do to help

Hospitalization in the ICU is a difficult and stressful experience. The hospital's staff is not the only caregivers able to help your loved one. Your presence and support can play an immense role in making them better.

There is nothing more appeasing than to be surrounded by family members or friends. Inquire about the visitation hours. We encourage physical contact whenever possible. Try to stay positive in the presence of your loved one so that he is not excessively worried about the seriousness of his situation.

Familiar objects or pictures can also be brought and left in the patient's room. These enable the patient to stay in a more familiar, personalized and comforting environment. If the patient wears glasses or hearing aids, bring them or inform the hospital personnel. Sensory isolation can have devastating effects on the patient's orientation. Leave messages if your loved one was sleeping when you visited or if you can't visit that day: he won't feel left alone.

If you notice that the patient is confused or doesn't recognize you, talk to him. Try to reorient him. Explain to him where he is, what day and month and who you are. Stay calm, this situation is usually temporary but can be very unsettling for the family. Discuss familiar events and what is going on outside the hospital. This information always contributes in bringing the patient back to reality.

If you have any other questions, ask the hospital staff. He will be able to inform you on what you can do to participate in the care of your loved one.

What we do to make the patient more comfortable

In addition to closely monitoring the health of the patient and the numerous treatments given, we take additional measures to humanize the ICU stay.

The ICU is not a good environment to get rest; there are always alarms, activity and the hospital personnel are always at the bedside to monitor vital signs and give medication. To facilitate rest, we provide earplugs and night masks. We try as much as possible not to perform tests or draw blood at night (if the patient's state permits it) to give him the best night's sleep he can get.

The hospitalization can be very stressful and boring so we also provide walkmans if the patient wants to listen to the radio or to music.

The ICU personnel is very sensitized to the fears and anxiety the patient can feel. We try to calm these fears down and inform the patient about what we do, so that he understands better what is happening to him. We also try to orient the patient if he is confused.

Take care of yourself

To have a loved one in the ICU can be a very difficult experience. The impact of stress and worry on you and your family can be enormous. Here are some suggestions on how you can prepare yourself to go through this difficult moment.

Try to sleep well and get some rest between your visits. The physical and emotional stress of having a loved one in the ICU can be draining and make you more vulnerable to disease. Fatigue will have the consequence of adding to the stress that's already there. If a friend or another family member is planning to visit your loved one, take advantage of this respite to go through your usual daily routine and take care of yourself.

Name a representative that will be the link between your family and friends and the hospital staff. This person will be able to get updates on your loved one's condition and contact the rest of your acquaintances and family to prevent a flood of phone calls to the ICU or too many questions for the busy hospital staff. The ICU personnel will be happy to answer whatever questions you ask.

Finally, prepare yourself mentally to the eventuality that the patient's state might have changed dramatically since your last visit. Hospitalization in the ICU is like a rollercoaster ride; some days bring improvement and others setbacks. This is normal. Do not be discouraged and stay positive. Sometimes, a setback is followed by an even greater improvement.

We hope that this guide will make more aware of what is going on in the ICU, and of what you can do to contribute to make your loved one more comfortable and better. You can contact us at the following numbers if you have any other questions:

Intensive Care Unit

Medicine	: ext. 6280 or 6222
Surgical	: ext. 6225 or 6224
Coronary unit	: ext. 6260

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