

ICU

Issues & Answers

Why Do ICU Patients Look and Act That Way?

A guide to understanding
how your loved one looks
in the ICU.

Society of
Critical Care Medicine

The Intensive Care Professionals

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How will my loved one look?

Your loved one may have multiple tubes and lines in place when he or she is in the ICU. There are many variations of the types of tubes and monitors required. Your loved one may have some, none, or all of the following listed below. Most of these devices are temporary and may be removed when they are no longer needed. Ask the nurse if you see something that you do not understand, or that does not seem right.

The Tubes

Refer to drawing

1 Heart Monitor Leads: Sticky pads are placed on the chest of almost every ICU patient in order to monitor the electrical activity of the heart.

2 Pulse Oximeter: A small probe attached to the finger, nose, or ear that helps monitor the oxygen in the blood and the patient's pulse.

3 Foley Catheter: A catheter inserted to the bladder to drain the urine into a bag.

4 Peripheral IV: A small plastic tube placed into the vein, which is used to give fluid or medications.

5 *Blood Pressure Cuff:* A large cuff placed on the arm or the leg, which may be automatically or manually inflated so that the amount of pressure in the arteries can be evaluated.

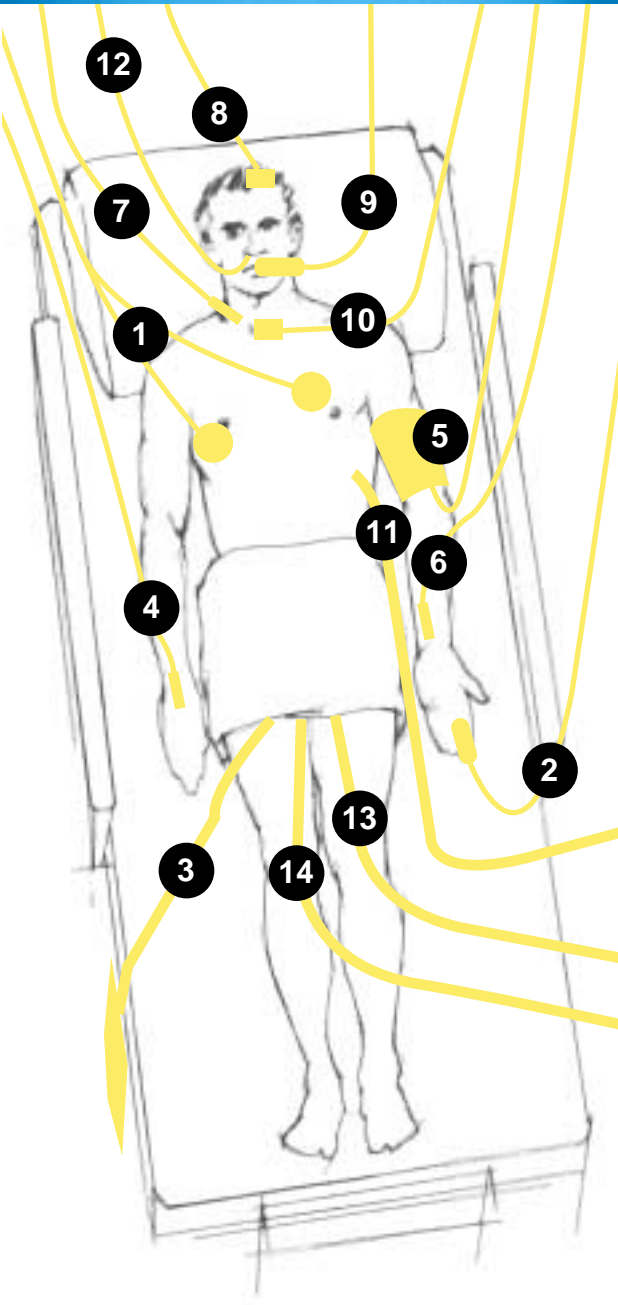
6 *Arterial Line:* A small tube or catheter that is inserted into the artery to continuously monitor the blood pressure.

7 *Central Line/PA Catheter:* A catheter in the neck, chest, or groin that helps in monitoring and treating the flow of blood. Some of these catheters may be used for giving nutrition and other medications.

8 *Intracranial Pressure Catheter and/or Ventriculostomy:* A small tube or catheter inserted into the brain to monitor the brain swelling. This may also be used to drain excess fluid.

9 *Endotracheal Tube (ETT):* A breathing tube inserted through the mouth or nose that is connected to an assisted breathing machine (ventilator).

10 *Tracheostomy Tube:* A breathing tube inserted in the neck usually when ventilator (assisted) breathing is needed for a long period of time.



11 Chest Tube: A larger tube inserted between the skin on the chest and the lungs. This tube removes free air or blood that may make it difficult for the patient to breathe.

12 Nasogastric Tube: A tube inserted into the stomach or intestines to provide nutrition and remove gastric acid or secretions.

13 Dialysis Catheter: A tube-like catheter inserted in the groin or neck. The catheter is hooked up to external tubing and a dialysis machine, which cleans the blood and assists the kidneys.

14 Intra-Aortic Balloon Pump (IABP): A catheter inserted into the groin, which assists the heart with pumping blood.

Why does my loved one look that way?

Intensive care patients require a large number of blood tests. Even when the lab tests are drawn correctly, bruising may occur. Many critical illnesses make a person prone to bruising. Bruising may occur because the illness makes it difficult for blood to clot. Patients with liver problems, infections, or poor nutrition bruise easily. The elderly, people who have been on blood thinners, or those who drink alcohol regularly at home are also at

high risk for bruising. The face may have bruising and swelling after a head injury or brain surgery.

In some critical illnesses, the body may ooze straw-colored fluid out of the puncture sites from lab draws and from any break or tear in the skin. The oozing is a result of the swelling (the accumulation of fluid in the tissues). The straw-colored fluid is plasma that has been pushed or leaked into the tissues from bed rest, ventilator breathing, liver failure, heart failure, or poor nutrition.

Skin tears happen when bandages and tapes are removed from the skin. The nurse will use the gentlest tape/bandage available that will still stick to the skin. Bandages are necessary over wounds as well as to keep the intravenous lines and other tubes in place. Skin tears are unavoidable in people who have taken steroids, have a history of smoking, or have poor nutrition. The frail elderly are also at high risk of skin tearing.

If the patient has a tube inserted in the mouth, he or she may have his or her hands tied down. Although all attempts are made to avoid this restraint, it sometimes is vital to ensure that the tube is not pulled out.

At times there appears to be a lot of mucus and even blood around the tubes. The nurse will gently

clean around these areas, but sometimes some blood will remain. The face may be very swollen. This is not uncommon in the ICU, and should resolve as the patient recovers.

Sometimes, small pockets are made under the skin to hold internal monitors like permanent pacemakers, automatic defibrillators, or other devices.

Occasionally, an opening is made in the wall of the stomach to allow evacuation of urine or bowel movement. This is referred to as the ileostomy or colostomy. These openings may be temporary or permanent, depending on the reason for the opening.

If the patient has a broken leg or hip, weights may be applied to keep the bones straight. This traction will prevent moving without assistance.

Frequently, the inability to move, the assisted breathing, the critical illness, and the treatments for blood pressure may cause swelling or edema. There is little that can be done to prevent the swelling. The nurses may try to decrease the effect by keeping the head of the bed slightly raised and the hands elevated on pillows. Rings may need to be removed to protect the blood flow to the fingertips. The eyes may also swell, and the inside lining of the eyelid may stick out with the swelling.

Why does my loved one act that way?

The patient may awaken and feel confused about where he or she is and what has happened. He or she may also be anxious or in pain.

To reduce anxiety and pain, sedation (calming) and pain medication (analgesia) may be needed. Sedatives relax and calm the patient, causing sleep and possibly amnesia. Analgesics significantly diminish the pain. While sedated it may be difficult for the patient to think clearly.

Sedatives may be needed to prevent fighting against the breathing machine, the catheters, and even the nurses. This is very common in the intensive care unit. The fear that occurs in critical illness may be treated with sedatives. Calm, reassuring talk is always helpful.

Sometimes the medication that the patient receives may change his or her perception of what is happening. He or she may seem angry, combative, hostile, or just different. It is important that you relay to the nurse and doctor the difference in the patient's personality, so a decision can be made about whether the medicine should be changed or if this change is unrelated to the medication.

The patient may act in ways that surprise and distress you. This may be a result of fear, frustration, or

actual chemical changes in the body. Sometimes people say and do things that they would not ordinarily do. Usually this behavior will resolve as the condition improves.

Why doesn't my loved one talk to me?

There are many different reasons why a critically ill person may not speak. One reason may be that the breathing tube is passed through the vocal cords and prevents speech. When artificial breathing is used, relaxing medicine (sedation) is also necessary. In order to reduce anxiety and pain, your health care team will use sedation and pain medication (analgesia) to help them. Sedatives relax the patient, make them sleep, and will promote amnesia. Analgesics significantly diminish the pain. When the patient is sedated and has been given pain medication, he or she may have difficulty waking up, or when he or she does, may appear disoriented. Sometimes the amount of sedation needed to allow the assisted breathing to take place makes the person appear to be in a coma (will not awaken).

In a person who has been brain injured either by stroke or trauma, the ability to speak or stay awake may have been affected. This is common in the first few days after these injuries. The health care team

will have to determine whether it is likely that the brain will heal. In most cases of stroke or brain injury, it takes at least 7 days for the doctor to make an evaluation of potential recovery.

Sometimes fluids, chemicals, and toxins in the blood will make a person sleepy, disoriented, hostile, combative, or even unarousable (comatose). Nutrition, fluids, electrolytes, dialysis, and other therapies may be ordered in order to regulate the blood.

While any person is not talking or is in a deep sleep it is important to keep speaking to them. You can help by talking in soothing tones, telling stories, and supplying them with normal information to keep the brain active, yet calm. The voice of someone they know is helpful in most cases.

Resources

www.sccm.org

www.icu-usa.com

www.cityofhope.org

National self-help clearinghouse
212-642-2944

www.selfhelpweb.org

www.mayoclinic.com

Partnership for caring
America's voices for the dying
1-800-989-9455

www.partnershipforcaring.org

www.dyingwell.org

Hospice link: 1-800-331-1620

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- Participating in Care: What Questions Should I ask?
- Taking Care of Yourself While a Loved One is in the ICU
- Common Problems of Critical Illness
- What Are My Choices Regarding Life Support?
- Sepsis: What You Should Know
- When Your Child is Admitted to the Intensive Care Unit

Developed by the Patient and
Family Support Committee of the
Society of Critical Care Medicine

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Critical Care Medicine



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Developed with an unrestricted
educational grant from
Eli Lilly and Company