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. Other infections that can occur include UTIs or urinary tract infections from a Foley catheter or tube inserted into the bladder to drain urine. There may be infections in the bowel that may cause diarrhea. Wound infections may occur from a recent surgery in which the surgical incision has not completely healed yet. These infections are usually treated fairly easily with antibiotics.

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.
Issues & Answers

A catheter inserted into the
Sometimes the pneumonia can be severe and cause sepsis and ARDS.
and give fluids or medications.
be automatically or manually inflated so that the amount of pressure
in the arteries can be evaluated.
that is inserted into the artery to continuously monitor the blood pressure.
that helps in monitoring and treating the flow of blood. Some of these
catheters may be used for giving nutrition and other medications.
A small tube or catheter inserted into the brain to monitor the brain swelling. This
may also be used to drain excess fluid.
A breathing tube inserted through the mouth
or nose that is connected to an assisted breathing machine (ventilator).
may also be used to drain excess fluid.
A small probe attached to the finger, nose, or ear that
A small plastic tube placed into the vein, which is used
to give fluid or medications.
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.

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.
Sometimes the pneumonia can be mild and is treated with antibiotics.
Sometimes the pneumonia can be severe and cause sepsis and ARDS.

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 into 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.