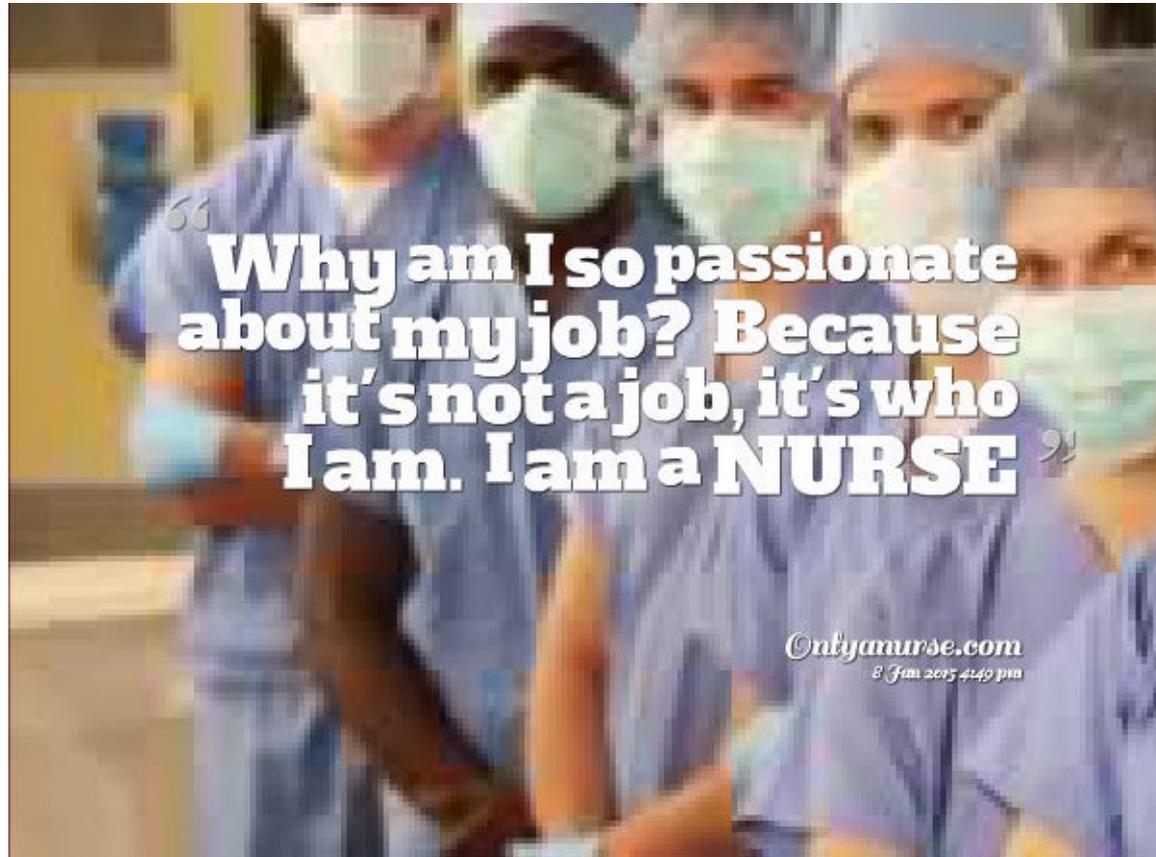




John A Sharp

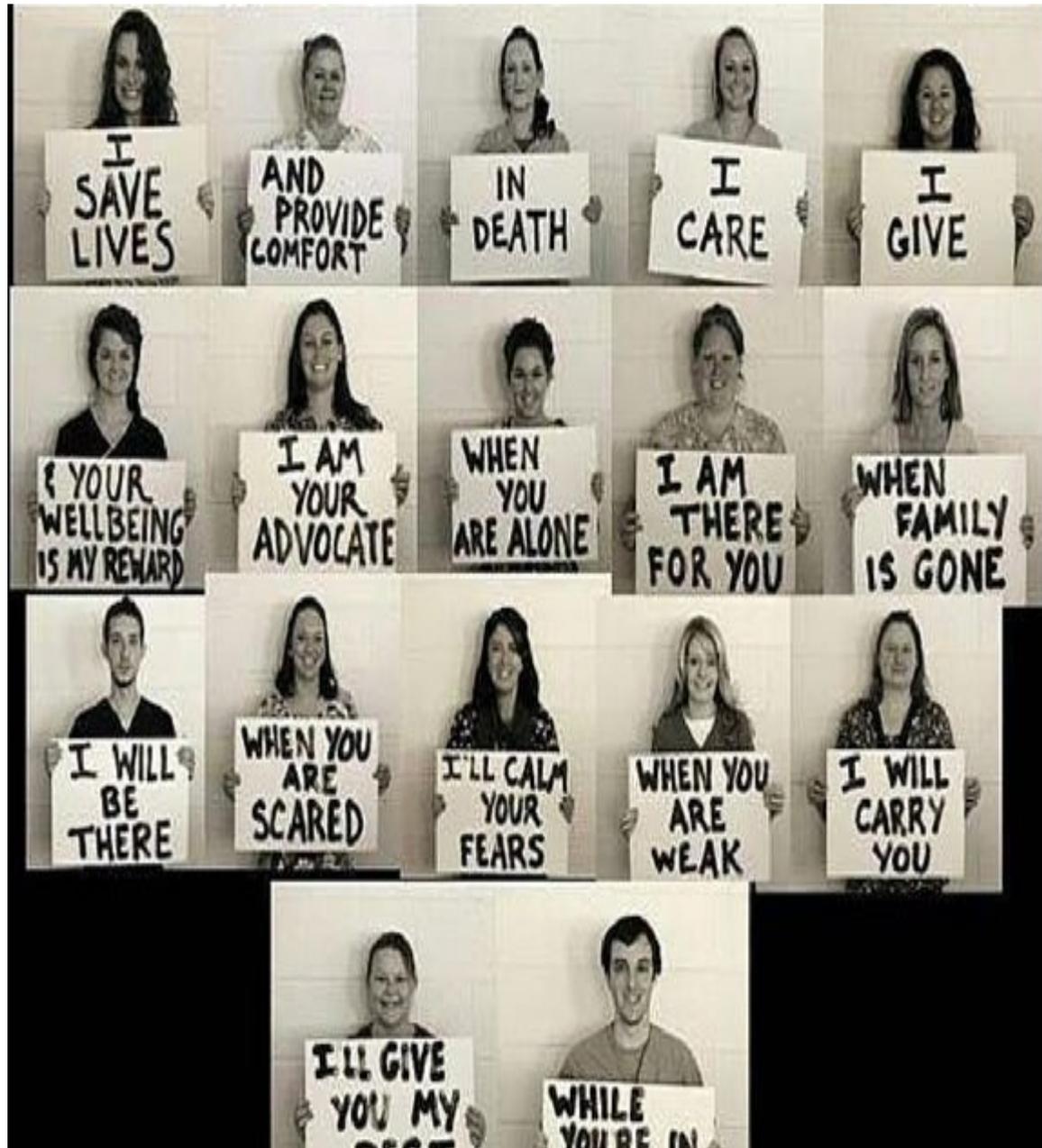
My Intensive Care Experience

21 Days in my life



Definition of a Nurse

The person defines the job not vice versa ?



Before ICU

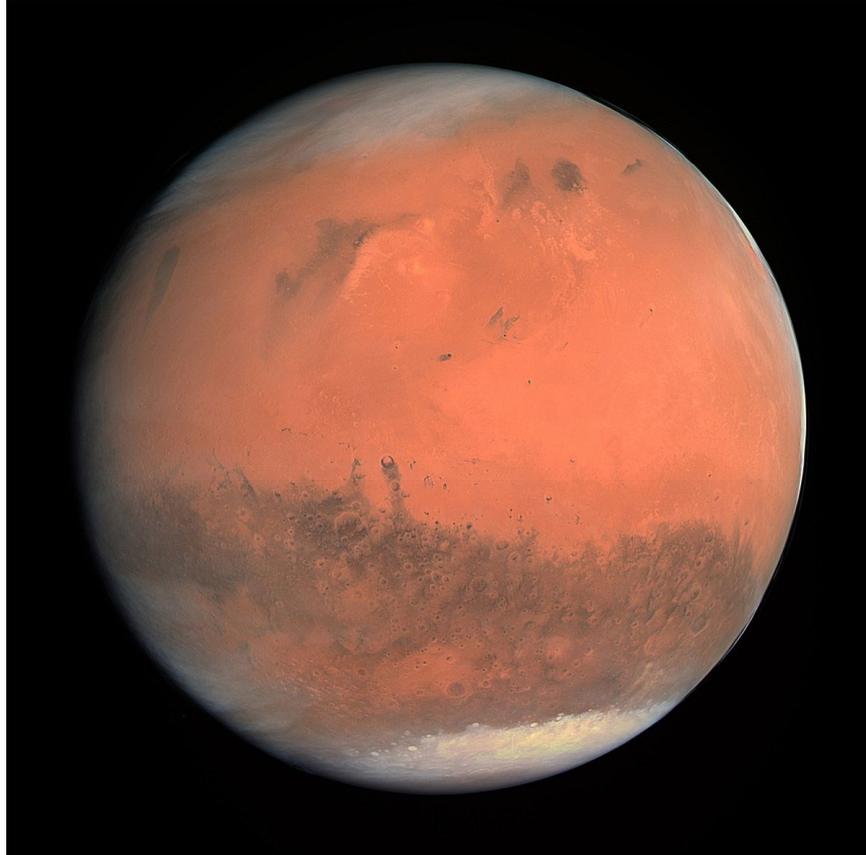
- Who am I?
- What happened – why in ICU?
- Admission to ICU.
- Stay in ICU.
- Perceived problems.
- Communication / Motivation.
- Recovery.

Admission to ICU

- Due to the advanced state of my illness it was deemed necessary to induce a medical coma, as I was unable to maintain adequate oxygen levels, whilst lying on my back, I was therefore placed face down on the bed and intubated. The last thing I said to my eldest daughter was “ I feel terrible and wish they would put me in a coma for two weeks and when I wake up I’m all better. She now takes great delight in reminding me of this and telling me to “ be careful what you wish for you might just get it!”
- I don't have many memories of my period of intubation but there are a couple. I envisaged that I was driving a taxi on Mars, both my daughters found this highly amusing until I pointed out that they were both in the back of the taxi. I also have a strong recollection that I was having an argument with a consultant or doctor about wanting brought out of the coma and returned to the normal world. Both of these memories are impossible but it does however show that patients are still able to have some level of awareness to their surroundings, voices etc

Anxiety

- I was a restless and anxious patient and was constantly trying to pull my tubes and wires - therefore I was given mitts and these were taped at the wrist as I was trying to pull them off as well. The only problem with that I found it quite distressing that **I appeared to have no fingers**. Again this shows that some patients have a high level of awareness but may be unable to process all of the information into a sensible format! One of my first requests was for the nurse to remove the mitts from the table at bottom of the bed !



A Journey Too Far ?

Being Family I think it was mates rates !!

Being Intubated

I was intubated for a total of twelve days and then slowly returned to the real world. I found the first few days and hours very confusing as I had no idea where I was. In the initial hours I didn't know where I stayed, who I was informed by all staff that I was in hospital but whether I missed it or not I didn't know which one. Communication is the key - just because you speak the words doesn't make it effective communication, unless the person you are speaking to fully takes in what you are saying? I realize now that what seemed like days and hours for me was probably only minutes, but your perceptions are changed when you are in a state of confusion?

Fear / Anxiety

- The only major source of anxiety I had whilst in Intensive Care was that when I was brought out of the coma, I had a morbid fear of going to sleep. I felt that if I closed my eyes then there was a real possibility that I wouldn't open then again. The amount of information that you are required to take in, in the initial stages is huge. That combined with the heavy medication that you are on can make for a very confusing and sometimes distressing experience.



Bombarded with Noises / Tubes Etc

Bear in mind that all of this happens behind the patient – who if unable to move has no idea what is behind him as well as all the lines, drips and IV 's.

Fear / Anxiety

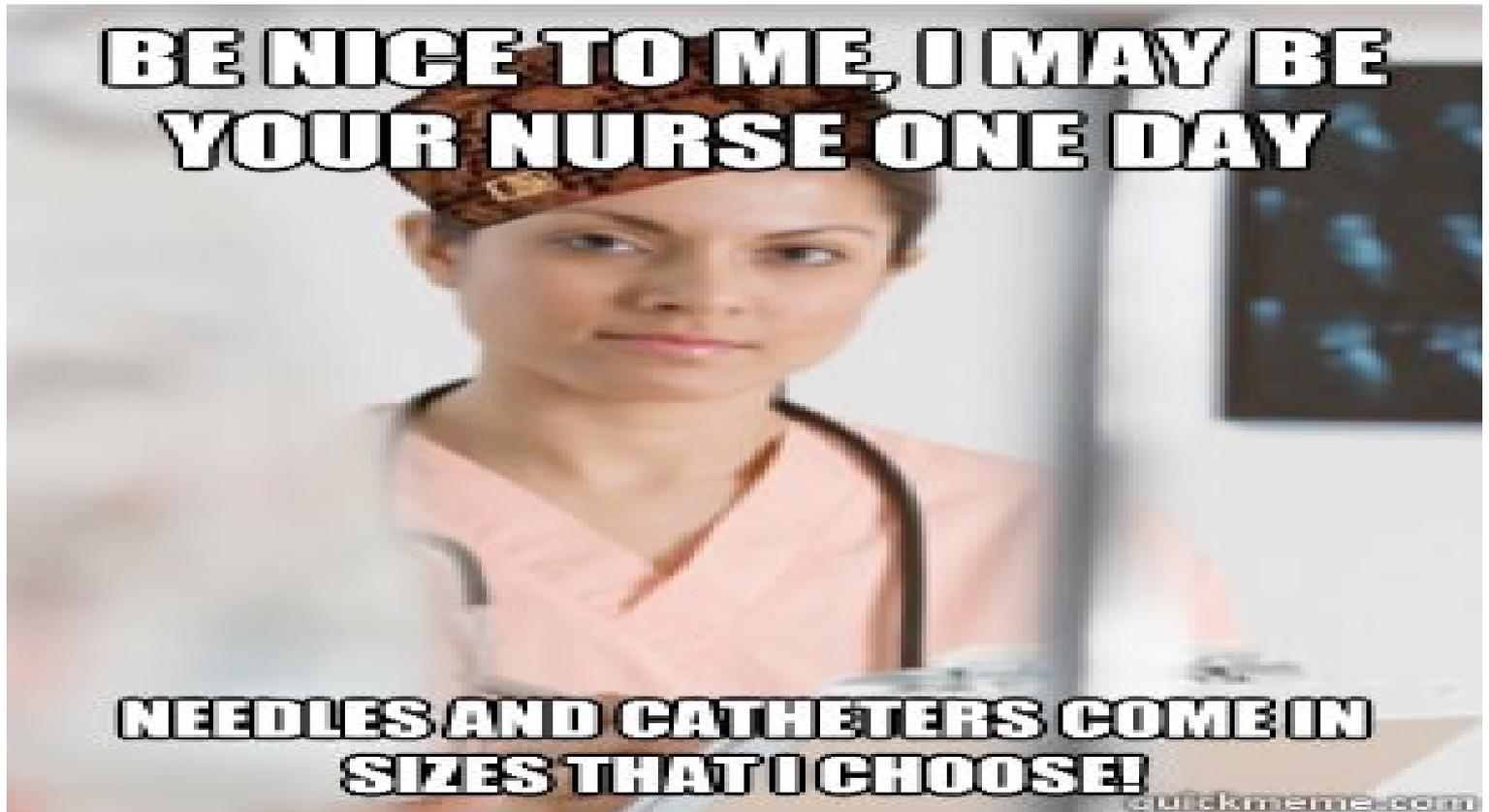
- Whilst the nursing staff do their best to reassure you that you're in the best possible place to receive care and attention it was still a major fear. I became extremely distressed when a nurse told me that I MUST go to sleep and that my fears were unfounded – I demanded to see a consultant because I was very insistent that I did not want and would not go to sleep because of my fears. To be fair the nurse arranged for me to see the duty consultant and I tried to explain my fears to him, the fact that he listened to my concerns without dismissing them and again tried to reassure me of all the safety procedures and that I was in the safest place possible – was a major relief. Looking back I probably did sleep without realising it but at the time I felt I had stayed awake for five days!

Communication

- My sole focus was to be awake at 8am every morning when the doctors made their rounds – just to hear if I was making progress and what was planned for the next 24 hours – not the next week just the next day as that was all that mattered – one day at a time!
- Communication is paramount to recovery – Its OK speaking the words but if the recipient is unable to process the information in a sensible format or doesn't hear then you are wasting your breath ?

Humour

- The biggest aid whilst I was in Intensive Care was a sense of humour – when you are unable to move, unable to talk, with reduced capabilities to communicate effectively , sometimes all you have left is your sense of humour , fortunately for me it would appear that my sense of humour matches that of the nursing staff . This I believe contributed to reminding me that there was still a real and normal world out there. I am now an expert on the lies that nurses tell patients-
- This isn't going to hurt being at the top of the list.



Be Nice To Nurses Reason 1

**BE GOOD TO NURSES,
THEY KEEP DOCTORS
FROM ACCIDENTALLY
KILLING YOU.**



Main Reason To Be Nice To Nurses

Recovery

- A major change in personality was an initial side effect of my stay in ICU, people have said that I developed Tourettes and my language was extremely colourful to say the least. I'm not sure that it was a case of developing the condition, I think that its more a sign of relief that you are alive and as a result you are free to do and say whatever comes into your head. Needless to say all my visitors were perplexed and amused – well apart from my mother !
- I also developed a lot of the problems that are well documented and highlighted on the ICU website :- short attention span, problems with short term memory, with this new reference point for patients is a major factor in patient reassurance- just knowing that other people have experienced similar side effects and problems makes you feel less of a freak and just normal.
- I developed pins and needles, and numbness in my upper legs and this was a major concern, the ICU Critical care website mentions this effect in your toes and fingers but not your legs but a trip to my GP soon put my mind at rest .

Importance Of Goals

- I know that patients are individuals and as such are motivated by different factors. Your challenge as medical professionals is to try and find the factors that motivate them, whether it's an up and coming holiday – returning to normal life, family , work or anything else, and try and use that to boost the patients desire to reach full recovery in a time scale that is acceptable to all concerned. My personal motivation was :-
- Being able to speak to my daughters to make sure they understood how much I loved them and how important they were to me.
- That I had only recently ordered a new taxi and I wanted to be able to drive it home from the dealership, rather than someone else drive it!
- I also had a summer holiday booked and was desperate to be fit enough not only to fly but to go on holiday and enjoy it to the full, because I was booked to go with a friend I was also very conscious that if I wasn't able to go, my friend wouldn't go and I would have let her down.

Motivation



Three Months After Discharge



Isolation

- With being in a quarantined room to a certain extent you are cushioned from the hustle and bustle of the ward but this can also have a negative effect on your outlook, you have no perception of time, of day and night and what might be two minutes for the nursing staff may seem like hours to the patient it's important to again communicate with the patient in the initial stages to ensure that they don't feel abandoned when the nurse has to leave the room to attend to something. I had this happen once – I didn't know if there was a buzzer I could press for assistance or how I could attract attention of someone walking past my window – so tried to wave at people as they walked past – it was probably for something really trivial but to me at the time it was all that really mattered and was of vital importance to me. When I couldn't attract anyone's attention for what seemed like ages the only way I could think of attracting anyone was to start pulling my wires out – needless to say the nurse wasn't too impressed!

Communication

- Sometimes all you need is to know that someone is there and this may be a down side of requiring an enclosed room! This was also the case once when I sneezed and felt something in my nose / I then decided it felt uncomfortable and proceeded to make it more comfortable – unfortunately it was my feeding tube and I was still sitting pulling it from my nose when the nurse came back into the room, horrified he said that it had been left in – in case I needed to be intubated again but that it was unlikely as I was making progress but asked me to promise not to pull out anymore tubes and or wires. I didn't know that my feeding tubes had been left in just in case I needed to be intubated at short notice, so as far as I was concerned it was something that wasn't normally there and needed to come out! Again effective communication resolves potential problems, maybe if someone had said that I had tubes and wires, around my body and they were all there for a reason and to try and not touch them, but if they were uncomfortable to speak to a nurse who would then try and help?

Communication

- My first semi lucid day after being brought out the coma was almost surreal, I had a lovely nurse who explained everything to me with regards to having my breathing tubes removed- so I would be unable to speak but that I had the use of a squiggle board if I needed to communicate, she also took time to explain the morning handover and what would be discussed and why . I found this to be very reassuring. When her shift was due to finish I asked for the squiggle board and wrote the following message – “ Thank you for being the best nurse ever”. She read the message and said “ I bet you say that to all the nurses? “ This was first overnight stay in a hospital in 50 years and no I don't make a habit of saying that . She was quite humble and asked if she could take a picture of the message with her mobile. What had she done that made me say that? Nothing that you will think is out of the ordinary but when you realise where you are, that you were and still are extremely unwell I was grateful that every time I looked she was sitting at the bottom of the bed making sure that I was alive, not distressed and comfortable. Patients are not in ICU unless there is a chance they may not recover and this no matter how unlikely must be a concern for all ICU patients? So thank you Fiona Walker, and all the rest of the ICU team at RIE.

Recovery

- After spending three weeks in hospital I was discharged but the hard work only began, initially I was only able to walk maybe 20 paces, but was told to start slowly and build myself up. It was almost like being on suicide watch with relatives following me on my daily walk and I had to take my mobile in case I got into difficulty. Call it determination or stubbornness but within one week I was walking a couple of hundred yards and within one month I was walking one mile per day. At the time of my three month review I was walking thirty miles a week, much to the consultant's surprise. I was able to revisit the ICU when I was fully recovered, thanks to Leanne Dow the Liaison Nurse and I found that it helped make sense of some of my experiences during my stay.
- I had a supply trolley outside my window and for some strange reason I thought that it was a snack trolley that had been left for the nurses during their night shift – I thought that was most generous.
- I realise that every patient is unique but unless it's medically damaging patients should be encouraged to push themselves a little bit further every day.

Muscle Weakness

- A major problem with being Intubated for two weeks is mobility, I have experienced massive muscle weakness and seen a great reduction in strength. This all takes time to recover and I'm not sure that it will ever get back to what it was before my stay in ICU. This is however a bit of a grey area and this is being addressed by Dr David Griffiths, who has conducted a study of previous ICU patients and the effect Intubation has on muscle mass/ strength. To give you an idea of a before and after picture, I was overweight – 18st but was able to do moderate exercise, walking , swimming , after being discharged from hospital my weight had dropped to 16st but that I feel had come from a massive reduction in muscle mass. Immediately after discharge I was lucky if I could walk 20 paces, in fact it was something of a personal achievement that I was able to walk from my hospital bed to the toilet, this was a milestone for me and had a bonus effect in that the consultant was able to see my determination to improve my fitness and mobility, also knew I wouldn't be allowed home unless I was mobile, so I pushed myself. However I found that when told I was being discharged , it was quite scary as 20 steps every few hours was a major effort.

Muscle Weakness

- A major concern but also a motivating factor was that I was worried I might not be able to drive as a profession, whilst I knew that my brain was able to spot potential areas of concern I felt that my body wasn't responding as quickly as might be needed to ensure both my safety and that of my passengers. I thought long and hard before I felt confident enough to get behind the wheel and even then it was later in the day and on quiet country roads. I had in the past been very active with sports and was determined to get back to some level of fitness and health. A second chance if you like. Currently I am just over 13st and have given myself a target of 12.5 st with my fitness levels increasing, I still have issues with strength in both my arms and legs but am working towards regaining at least most of my strength. I am my own worst critic and whilst I doubt I will get back to the strength levels I had when I was 25, it doesn't stop me pushing towards that.

What might you think is my idea of a perfect/typical nurse?



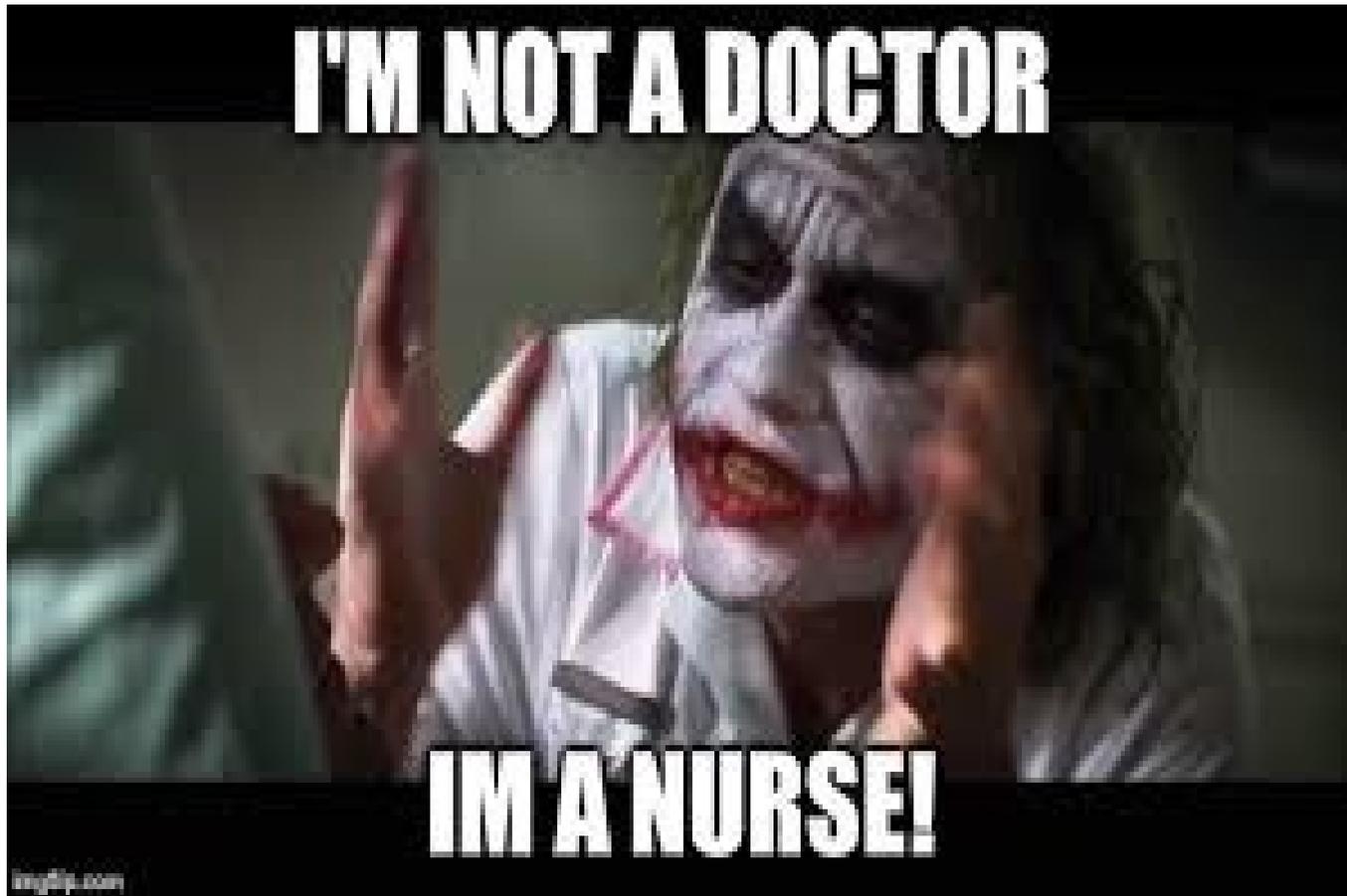
Actual ?



Actual ?



Fantasy



Perfect Nurse You

BEING A NURSE IS KNOWING WHEN TO
TURN ON YOUR "TOUGH"... AND WHEN
TO TURN ON YOUR "HUMAN".... AND
FINDING THE BALANCE IN BETWEEN
FOR THOSE IN NEED...

Thank You

- I would also like to take the opportunity to thank
- Dr David Griffiths – who asked me to participate in his research into the effects of ICU on Muscle Wastage.
- Dr Eddie Donaghy who has asked me to participate in the ICU Critical Care website and encouraged me to be part of today's proceeding.
- Both of them have given me a focus and in some small way allowed me to hopefully give something back to the people who saved my life.