Breathing, wounds and neurological recovery

The next step depends on the care a person still needs. Use these sections to discuss breathing support, wound treatment, brain injury, stroke and the setting that can safely bring those treatments together.

Breathing with less support

A ventilator gives breathing support while clinicians treat an illness or injury. Some people still need it after the ICU. The team looks at the underlying illness, the need for oxygen, strength, airway secretions and ability to protect the airway. A spontaneous breathing trial lets clinicians observe what happens with less machine support when it is safe to try.

A person who needs a tracheostomy may need humidification, suctioning, skin care, communication support and a plan for secretions. Ask whether the next goal is a longer breathing trial, a change in the type of support or time to recover before trying again. Progress can vary from one day to the next.

The clinician directing breathing care, respiratory therapist, nurse, pharmacist, dietitian and rehabilitation staff bring different information to rounds. Breathing and mobility sessions must fit around rest, procedures and nutrition. Ask what happened during the last trial, what led the team to stop, and what they are watching before the next trial.

Conditions that can affect breathing

COPD, emphysema, neuromuscular disease, pneumonia, spinal cord injury, stroke, brain injury, metabolic encephalopathy and complications after surgery can all affect breathing. Have the current team describe which problem is active. Ask who will review the airway, medications and test results, and how often a change in support is being considered.

Wounds and infection

A wound that is deep, slow to heal or repeatedly infected may affect the entire plan of care. The team assesses the wound, surrounding skin, pressure, circulation, pain, nutrition and other illnesses. A serious pressure injury, nonhealing surgical wound, fistula or amputation site may need frequent care and careful positioning during therapy.

Vascular and arterial ulcers, burns, infected wounds and bone infection can require different approaches. The clinician selects dressings, assesses the need for negative-pressure therapy or debridement, and considers measures to improve blood flow or relieve pressure. Some procedures, including operative or ultrasonic cleaning or specialized lymphedema care, require separate expertise. Confirm where any proposed procedure will occur.

Bacterial, fungal and viral infections need different treatment. Bring recent culture results, antimicrobial medicines, the date of the next review, precautions and signs of worsening. Sepsis, an infected surgical site or pressure injury, osteomyelitis and severe soft-tissue infections may require urgent hospital assessment. Report a new concern to staff immediately.

Comparing care settings

A general acute hospital, including the emergency department and ICU, can evaluate urgent changes and stabilize people with new or rapidly changing illness. An LTACH is a hospital for people who still need extended hospital-level treatment after that first stage. Discuss the need for physician review, advanced nursing or respiratory support and medical monitoring.

An inpatient rehabilitation hospital provides intensive, coordinated rehabilitation for eligible people who can participate and still need medical oversight. A skilled nursing facility may offer nursing and rehabilitation at a different level of intensity. Long-term residential or custodial care helps with ongoing daily needs. At home, equipment, caregiver training and intermittent clinical services may be needed.

Ask each setting which services are on site, who can respond overnight, how often the medical team reviews changes, what therapy the person can tolerate and what happens if their needs increase. Check whether pharmacy, imaging, dialysis, specialized wound procedures or a needed specialist is available. Arrangements vary by setting and patient need.

Before the move

Ask the referring clinician why hospital care must continue, which treatments are still needed and which settings were considered. Identify who is reviewing the referral, who can confirm insurance and who will call the family when the plan is agreed. Confirm the destination in Waterford and whether the family should go there directly or wait for notice.

The sending team arranges the appropriate transport with the receiving team. The handoff should include medicines and last doses, oxygen or ventilator support, lines, feeding, wound instructions, precautions and recent test results. Ask who is sending belongings and how the family can reach the new unit after arrival.

During the first assessment

Nursing staff assess the person’s condition, including skin and existing wounds. The physician reviews the clinical history and orders ongoing treatment. Respiratory staff evaluate the airway and breathing support when relevant. Therapists assess what the person can do, the help they need and what they hope to regain.

Tell the team what daily life looked like before the illness. Describe the person’s preferred name, usual communication, mobility aids, routines, goals and who they want involved. Ask how to take part in a care conference, how to raise new concerns and who will provide updates if a family member cannot visit.

Brain injury, stroke and post-trauma care

After a stroke, brain injury, spinal cord injury or severe trauma, breathing, circulation, nutrition and infection control can remain urgent while rehabilitation starts. A stroke interrupts blood flow or involves bleeding in the brain. A traumatic brain injury is caused by an external force. Either may affect movement, thinking, speech and swallowing.

Describe airway support, breathing trials, surgical wounds or pressure injuries, renal treatment, infection or isolation needs, infusions, nutrition and feeding tubes. A person who cannot yet sustain intensive therapy may still take short, supervised steps toward communication, comfort and movement as medically appropriate.

Rehabilitation assessment can include aphasia (trouble using or understanding language), dysphagia (trouble swallowing), and changes in attention, judgment or memory. A clinician may recommend a swallowing study when it would change care. Ask how balance, coordination, joint movement and strength affect getting out of bed, using a wheelchair, walking, bathing, eating and dressing.

Family members can help identify the person's usual communication and what would matter most to recover. Ask the team to demonstrate transfers or communication strategies before you try them. If longer therapy sessions become possible, ask when an inpatient rehabilitation assessment would be appropriate.

Cardiac, kidney and other complex conditions

A person recovering from heart failure, heart attack, valve disease, peripheral vascular disease, endocarditis or cardiac surgery can have several needs at once. Describe blood pressure, rhythm monitoring, fluid changes, breathing and the current response to activity. Ask which change needs urgent reassessment.

Diabetes, kidney failure, malnutrition, cancer, severe infection or a complicated recovery after abdominal, cardiac or chest surgery may affect the pace of care. Treatment may involve IV medicines, antibiotics, dialysis, bowel rest or tube or IV nutrition. Include recent results, current orders and pending procedures when requesting a review.

If the person uses a specialized support device such as a ventricular assist device or needs an infusion, extracorporeal support or a procedure, explain this at the first call. The sending and receiving clinicians should agree on who can provide and monitor that specific treatment before the transfer is arranged.

Who does what?

- The attending clinician reviews medical stability, orders, new symptoms and the treatment plan. Ask who covers the patient when the usual clinician is away.
- Nurses monitor changes, give medicines, protect skin, manage lines and coordinate care throughout the day. They are a good first contact for a new concern during the stay.
- Respiratory therapists assess breathing support, airway clearance, oxygen and readiness for ordered trials. Ask how they coordinate with speech and mobility staff.
- Physical therapists help with bed mobility, balance, transfers, walking and endurance. Occupational therapists work on everyday activities such as dressing, bathing and safely using equipment.
- Speech-language pathologists assess communication, thinking and swallowing. Dietitians review nutrition needs, food textures and nutrition delivered through a tube or IV.
- Pharmacists review medication doses, combinations and transitions. Case managers work with the patient, family, payer and next provider on coverage, equipment, transportation and discharge.
- Tell the team about spiritual, language, hearing or other communication needs. Ask about interpreter services or how to contact a spiritual adviser the person knows.

Questions for a tour or admissions conversation

- Which clinician directs medical care? Who is available on the unit overnight and how does the team respond to a sudden change?
- How are family visiting and overnight stays handled? Ask about private rooms, Wi-Fi, a quiet place to meet, visitor age rules and pet visits if these affect your decision.

- When is skin checked, how does wound prevention start and how do the team and caregiver continue the plan after discharge?
- What are the arrangements for emergency response or transfer to a higher level of care? What advanced life support training do staff have and when is a respiratory therapist available?
- How does the team help a person begin moving safely, including someone with breathing equipment or someone who cannot yet stand?
- Who handles a concern that the bedside team cannot resolve? How can you reach a patient advocate, unit leader or hospital leader?
- Which patient outcomes does the hospital track? Ask for definitions, the period covered and which patients are included. Ask how often you will receive updates about your own loved one.

Arrange the visit and verify the transfer

Ask Lakeview Admissions about visiting or tour arrangements. Have the referring case manager share the current clinical summary and ask who can tell you when a decision has been made. Confirm financial coverage, any authorization requirement, transport and the planned time of arrival. Keep the name or department for the next call.

Request a Lakeview review

Ask the referring physician or case manager to discuss whether Lakeview Specialty Hospital and Rehab in Waterford can meet the person's current needs. A diagnosis or day count alone does not settle that question. Clinical review, insurance coverage, availability and transport need to fit together.

Lakeview Admissions • (262) 534-8509. Referral fax • (262) 534-8507. Lakeview Specialty Hospital and Rehab • 1701 Sharp Road, Waterford, Wisconsin 53185. Main hospital • (262) 534-7297.

https://www.lakeviewsystem.com/long-term-acute-care

https://www.lakeviewsystem.com/services

https://www.lakeviewsystem.com/brain-injury

https://www.lakeviewsystem.com/levels-of-care