Recovery after critical illness

After a long ICU stay, breathing, talking, thinking, moving and eating can all take work. This guide explains how these parts of recovery fit together and what to ask about each one.

Movement after intensive care

Time in bed can weaken the muscles used for breathing, standing and walking. The first goal may be rolling, sitting upright or reaching for a washcloth. If the person is ready, therapy can progress to sitting at the edge of the bed, transferring to a chair, standing or walking with the recommended help. Ask staff to show you what you can safely do together.

Mobility can be part of a care plan even while someone receives breathing support. Staff must coordinate the airway, oxygen or ventilator, lines, drains and fall precautions. Discuss what level of assistance is needed today and which symptoms or changes mean a session should stop.

Memory, attention and decisions

After a serious illness, a person may have trouble following a conversation, remembering what just happened or choosing the next step in a task. Let the team know how the person usually thinks and communicates. A sudden change in alertness or behavior deserves prompt attention.

A clinician may assess attention, memory, problem-solving, orientation and the ability to make everyday decisions. Rehabilitation can include simple cues, written reminders and practice with daily tasks. Ask how changes in thinking affect safety, balance, taking medicines and plans for support at home.

Speech and a way to be heard

A person with a breathing tube may know what they want to say and still be unable to speak. Agree on a reliable yes-or-no signal, allow time for a response and offer writing, gestures or a communication board if they work for the person. Being able to express discomfort or make a choice helps the person take part in care.

A speech-language pathologist and respiratory team can evaluate whether a speaking valve or another aid is appropriate for someone with a tracheostomy. Staff assess the airway, breathing and tolerance before a trial. Ask what the person may use now and what family can do during a visit.

Swallowing, nutrition and eating again

Heart failure, anemia, poor nutrition and fluid or electrolyte problems can increase the challenge of recovery. The dietitian considers energy, protein, fluid needs and the effect of other conditions. The speech-language pathologist evaluates swallowing. Meal texture, positioning, timing and supervision may matter as much as food preference.

Some people receive tube feeding or intravenous nutrition while they recover. The team assesses whether and how to introduce oral intake and adjusts the nutrition plan as swallowing and endurance change. Ask before offering any food, drink, ice or medicine by mouth. Tell the team about familiar foods and what help is available after discharge.

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.

What the research in the earlier brochure compared

The source cited a 2010 cohort of people receiving prolonged ventilation to compare later hospital use across different discharge settings. It also discussed cognition after an ICU stay, including reports of difficulty with memory, attention and decision-making at discharge. Selected cohorts and follow-up periods can produce different estimates. Ask which supports this individual needs to communicate, think, breathe, eat and move safely.

Source-era citation • Annals of Internal Medicine, 2010, volume 153, pages 167–175.

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.

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