Visiting someone who uses a ventilator

A person who cannot speak may still be able to tell you what they want. Before you settle in, ask the nurse whether a nod, gesture or picture board works best today.

When a loved one is in the hospital, it's normal to want to be by their side to provide support and be involved in decisions about their care. This becomes even more of a priority if your loved one is unable to express their own wishes – for instance, when they may need mechanical ventilation to support their lungs while they recover from serious illness or injury.

People who have survived critical illness and successfully learned to breathe on their own again say that their family's involvement in their care was important to them, with benefits including feeling reassured, comforted or calmed from visitors. To help you be prepared to support your loved one, we've outlined what you need to know about mechanical ventilation and what to expect as you support them.

What is mechanical ventilation and why is it used?

Ventilators are machines that allow your loved one to get enough oxygen while getting rid of carbon dioxide through tubes inserted through the mouth or an opening in the neck, called a tracheostomy. Hospitals commonly use ventilators to help people with illnesses or injuries that prevent them from breathing normally.

What can I do to support my loved one on a ventilator?

When your loved one is strong enough to begin trying to breathe on their own again, it can be a scary time for them, especially if they have been on the ventilator for a long time. This attempt is called a weaning trial – the care team removes the ventilator for small periods of time and allows your loved one to adjust. The goal is to work toward more and more time off of the ventilator.

Ask the bedside team how you can help during a visit. The person's energy, ability to communicate and breathing support can change from day to day. The following approaches can help you participate safely.

- Touch. Touch is both important to you and your loved one because it's a natural gesture of comfort. It's important that your touch is soothing – lightly touching the hair or forehead, for instance, so your loved one feels your presence without feeling pressured. Other types of touch can be hand holding, stroking hair, massaging, hugging, kissing or helping your loved one adjust their position.
- Communication. There are three ways to talk to your loved one that can be helpful:
- Verbal encouragement and coaching can help relieve your loved one's anxiety and get their breathing on track with yours. Saying things like, "You're doing great – breathe with me," can go a long way to support your loved one's recovery.
- Social talk about normal, everyday topics can distract your loved one from the work or worry they have about trying to get off of the ventilator. Find topics you know your loved one has interest in, whether it's family updates, sports or hobbies. Try to avoid controversial topics or pressing conversations that seem to stress them out.
- Acting as your loved one's care representative can be calming as well, but it is mostly advised for people who have stayed at the bedside long enough to know the full care plan. For example, if you

have kept track of your loved one's vital signs or progress, you can communicate with the care team and interpret their updates to your loved one.

- Learning clinical information. Your loved one's care team may help you learn how to understand your loved one's responses to the ventilator and how to read the numerical values on it. They do this to reassure you, reinforce information to you and your loved one and prepare you to help your loved one when they're out of the room. Often, you will acquire the correct language to communicate with the care team, which can put your loved one's mind at ease knowing you are in it with them and understand their care as well.
- Providing space and calm. Try not to hover or smother your loved one, and if possible, don't ask them too many questions that can overwhelm them and cause setbacks.

What does care look like?

Treatment is overseen by respiratory therapists, nurses and doctors in the emergency department or intensive care unit of a hospital, where the main goal is to help stabilize your loved one's condition.

If the original hospital considers transfer safe but hospital-level breathing support is still needed, ask for a long-term acute care assessment. The receiving team must confirm that it can meet the person's airway and medical needs.

Many people have not heard of long-term acute care hospitals, because it's a specialized style of caring for people who are recovering from serious injury or illness. But, the benefit of continuing your loved one's pulmonary care in such a setting includes a lower risk of going back to the emergency room, improved health outcomes and faster weaning from the ventilator.

Lakeview's Waterford LTACH provides respiratory therapy, tracheostomy management and ventilator weaning. Ask how the breathing plan fits with medicines, infection treatment, mobility and rest.

After a supervised breathing trial, ask the respiratory team what they observed and what will guide the next attempt. A trial can inform the next decision even when the person needs more support again.

For questions about a possible stay, call Lakeview Admissions at (262) 534-8509. During a stay, ask the bedside nurse who can help with your question.

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

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