What can change after intensive care

After intensive care, familiar tasks may take more energy or concentration. Changes in strength, thinking or mood that begin or worsen after critical illness can be part of post-intensive care syndrome (PICS).

Surviving a critical illness is an important step. After intensive care, a person may still have weakness, changes in memory or attention, anxiety, poor sleep or distressing memories. These effects can need follow-up and rehabilitation.

What Is Post-Intensive Care Syndrome?

Post-Intensive Care Syndrome (PICS) refers to a number of health disorders that occur after a patient has spent time in a critical care or intensive care facility. Post-intensive care syndrome symptoms can be broken down into three categories: physical, cognitive, and psychiatric.

- Physical Impairment — The most common physical impairment PICS patients experience is called ICU-acquired weakness (ICU-AW). Patients who have been sedated for a long period of time are most likely to develop ICU-AW. Other possible physical impairments include joint issues, nutritional complications, and airway or breathing problems, which may necessitate mechanical ventilation.
- Cognitive Impairment — ICU patients may experience a number of cognitive issues, including difficulty with memory, attention span, mental processing, and problem solving. These symptoms can interfere with the patient's ability to accomplish day-to-day tasks, like responding to an email or remembering simple facts.
- Psychiatric Impairment — Mental health disorders are also considered a symptom of PICS. Anxiety, depression, delirium, post-traumatic stress disorder (PTSD), and delusional behavior are some of the most common examples. These mental health disorders can greatly impact a patient's ability to recover.

Patients who have been in an ICU for longer than three to five days are at elevated risk of complications, but all patients transitioning out of intensive care should be aware of the signs of post-intensive care syndrome:

- A prolonged infection or sepsis episode that needs specialized daily care
- Problems with multiple organ dysfunction, including the lungs, kidneys, skin, heart, brain, intestines, or others
- Significant functional disability compared to pre-illness functioning, in spite of stable lab results
- Weakness from degenerated nerves and muscles
- Poor use of nutrients even with normal calorie and protein intake
- Deficits in attention, memory, and reasoning
- Post-traumatic stress disorder symptoms with frightening memories and/or hallucinations

What Are The Possible Complications Of Post-Intensive Care Syndrome?

Patients who are in an intensive care unit with acute respiratory distress syndrome (ARDS) may have persistent compromised lung function, a complication of post-intensive care syndrome. If this issue develops, patients may need to be treated with mechanical ventilation for an extended period of time after being released from the intensive care facility.

Post-intensive care syndrome can also affect family members of patients in the ICU, not just the patients themselves. PICS-Family is an emotional and psychological effect that many caregivers and family members experience. Stress, anxiety, and depression have been diagnosed in up to 30% of family members who have a loved one in an intensive care facility.

Post-intensive care syndrome became a recognized medical term in 2010, reflecting a rising awareness of the negative effects associated with treatment in intensive care units. Acknowledging and attempting to prevent these potentially long-term complications is an important step toward improving patients' recovery outlooks.

The "ABCDE bundle" is now commonly recognized as a good guide to preventing PICS. It consists of:

- Awakening (using light or minimal sedation)
- Breathing (spontaneous breathing trials)
- Coordination of care and communication among various disciplines
- Delirium monitoring, assessment and management
- Early ambulation in the ICU

After intensive care, recovery may include breathing support, rebuilding strength and evaluating changes in memory or mood. The appropriate setting depends on the medical care still needed and the person's ability to participate in therapy.

Post-Intensive Care Syndrome Recovery

Depending on the severity of you or your loved one's condition, recovering from an intensive care stay might take them anywhere from a few months to several years, but great strides can be made immediately following an ICU stay with the right clinical support.

You or your loved one might need help relearning how to accomplish daily tasks such as climbing stairs, taking a bath, driving a car, or returning to work. No matter what obstacles occur after an ICU stay, the support of family and a diverse medical team will offer the best chance of avoiding or recovering from post-intensive care syndrome.

Tell the team which changes affect the person's daily life. Ask whether physical, occupational or speech-language therapy, medical follow-up or mental health support is appropriate.

- Determine whether the person still needs ICU resources, continued hospital-level care or another setting. The sending and receiving teams must agree on stability and capability before transfer.
- 24/7 respiratory therapy coverage
- IV pain control management and narcotic/opioid weaning
- Special care for ventilation and breathing
- Antimicrobial management to complete sepsis treatment and prevent infection or antibiotic resistance
- An interdisciplinary team to explain your care and monitor your progress
- A goal-directed care plan centered on your needs and abilities
- Family-focused discharge planning, whether directly to home or to the next level of care

Resources:

This clinical overview describes post-intensive care syndrome, including the physical, cognitive and psychological changes that can appear in patients and the effects an ICU stay can have on family members. https://pmc.ncbi.nlm.nih.gov/articles/PMC5506407/

Talk with Lakeview

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.