

My ICU Diary

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How an ICU Diary Can Help You



Using an ICU diary has many benefits. It can help our staff get to know you and improve communication. You and your family can use the diary to write down goals and keep track of milestones and achievements. It can also help you remember what brought you to the hospital and what happened each day. After leaving the hospital, you can take your diary to outpatient doctor visits to serve as a record of your stay.

We know this is a stressful time and some people say that using the diary helps them cope. If you ever need help or support from us, you can ask to speak with a social worker or spiritual care coordinator.

Get to Know Me

Name/Nickname: _____

How did I get here? _____

Where I'm from: _____

My likes: _____

My dislikes: _____

My hobbies: _____

My friends, family, and pets: _____

At home I use: Glasses Hearing aid Dentures Cane
 Walker Wheelchair Other:

My religious preference: _____

What else do you want us to know about you? _____

My Hospital Care Team

| Team Member | Name |
|------------------------|------|
| Attending Doctor | |
| Physical Therapist | |
| Occupational Therapist | |
| Speech Therapist | |
| Social Worker | |
| Care Coordinator | |
| Nurses | |
| Other Staff | |

What Hospital Care Team Members Do

The members of your team are an important source of information and support. They may include:

- **General medical team:** Doctors, nurses, nursing assistants who provide daily care.
- **Intensive care specialists:** Medical team members who specialize in treating people in intensive care. They monitor patient's conditions closely and help diagnose and treat medical problems.
- **Critical care nurses:** Nurses who work in the intensive care unit. They perform bedside assessments, help doctors perform procedures, communicate with you and your care team and provide education and support.
- **Palliative care team:** Doctors and nurses who focus on care and communication that improves the quality of life of patients who have a serious or life-threatening disease. They can help manage problems like pain, nausea and restlessness. Their goal is to focus on the big picture and see that everyone is on the same page.
- **Pulmonologists:** Doctors that diagnose and treat breathing problems. They determine whether a person needs a breathing tube or machine to help them breathe.
- **Dietitians:** Dietitians monitor a person's nutritional status and manage their dietary needs. They may also help determine if a feeding tube is needed to provide nutrition.
- **Pharmacists:** In a hospital setting, they work closely with doctors to monitor a person's medicines. They may also provide education about the purpose of medicines given and their side effects.
- **Physical therapists:** Rehab specialists that focus on recovery of strength, conditioning, flexibility, walking, balance, body mechanics, posture, positioning for pressure relief, assistive devices, and mobility.
- **Occupational therapists:** Rehab specialists that focus on activities of daily living such as bathing, feeding, showering, dressing, toileting and grooming. They also work to help patients with thinking (cognition), sensation, visual perception, strength and endurance, equipment training, orthotics, and safety.



- **Respiratory therapists:** Staff who give you different therapies to help with your breathing. These therapies may include working to get you off the breathing machine, giving you medicines and breathing exercises to help improve your lung function.
- **Speech language pathologists:** Sometimes called Speech therapists. These rehab specialists evaluate and treat feeding and swallowing abilities, and speech cognitive-language impairments or whether a person needs a communication device. A person may need a communication device if they are intubated with a tracheostomy or on a ventilator.
- **Care coordinators, social workers and patient care navigators:** This team works with you to help plan for care after you leave the hospital.
- **Chaplain or spiritual care coordinator:** Our chaplain or spiritual care coordinator can provide spiritual and emotional support to you and your family.

For Family and Friends

Being part of your loved one's care

Helping your loved one fill out this diary is just one way to be part of their care. We encourage you to ask us questions and write down the answers we give. Tell the doctor, nurses and other staff how your loved one was before they came to the hospital. If there were some signs that they were getting sick or not themselves it is important to know what was happening and for how long. When you are at the bedside, ask the nurse to tell you about what is being done or what the machines and medicines are for. If you ever have concerns about your loved one's care or condition, please tell their doctor or nurse.



Your presence to give love and support is a powerful part of recovery. Patients often become calmer and can work with therapies better knowing there is someone there for them.

Caring for yourself

Family members are partners in developing a plan of care. Doctors, nurses, pharmacists, physical therapists, and dieticians will seek your input about your loved one's health and preferences. You are key to helping us know about your loved one personally. Bringing pictures from home is a way to show the team how your loved one looked when healthy and can inspire your family member. Your role is so vital that you really need to take care to keep yourself healthy. Take time to get rest, eat regularly, exercise, and seek support from other family, friends, or your church.

Delirium

Delirium is a problem that can happen after surgery or an illness. With delirium, a person can be confused, disoriented and not able to think or remember clearly. People with delirium may also see things that aren't there or be agitated. The amount of time it lasts can differ from person to person. If this happens, you can help by:

- Speaking softly and using simple words
- Talking with your loved one about friends and family
- Bringing items from home like pictures, glasses or hearing aids
- Keeping notes in a diary

Being mobile can help prevent delirium – ask our staff what you can do to help your loved one be more mobile and active during this time.

Post Intensive Care Syndrome – also called PICS

After a stay in the ICU, patients may have sadness, problems sleeping, lingering weakness or post-traumatic stress disorder (PTSD). It may be hard to concentrate or people may have a hard time doing things like making change at the store or managing their budget. Any of these problems is called Post Intensive Care Unit Syndrome (PICS). People are more likely to have PICS if they were on a breathing machine for more than 3 days, had delirium or were treated for sepsis or adult respiratory syndrome. If you think your loved one has PICS, please tell us – we can offer services to help support them.

Daily Activity & Progress Tracking Log

Use this sheet throughout the day to track activity and progress.

Today's date is _____

Self-care Milestones:

- Got Dressed
- Took a bath or shower
- Used the bathroom
- Fed myself
- Brushed my hair
- _____

Mobility Milestones I Did Today:

- Sat on the side of the bed for ____ minutes
- Sat in bed in chair position for ____ minutes
- Stood up ____ times
- Got out of bed to the chair ____ times
- Walked in the hall for ____ minutes
- _____


Today I feel:

Exercises I need to do:

My goals:

1. _____
2. _____
3. _____

My questions:

 _____

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