How will my family member look?

Your family member may have multiple catheters (also called tubes, lines, and drains) in place when he or she is in the ICU. In addition, the ICU team (also called the critical care team) may use various monitors to track your family member’s condition. There are many variations of the types of tubes and monitors required. A patient may have some, none, or all of the items listed below. Most of these devices are temporary and can be removed when they are no longer needed.

**Tubes and monitors**

Refer to the drawing on page 3. Note that many of these terms are further explained in the glossary.

1. **Heart monitor leads:** Sticky pads that are placed on the chest of almost every ICU patient in order to monitor the electrical activity of the heart.
2. **Pulse oximeter:** A small probe attached to the finger, toe, or earlobe that helps monitor the patient’s pulse and oxygen in the blood.
3. **Foley catheter:** A catheter inserted into the bladder to drain the urine into a bag.
4. **Peripheral IV:** A small plastic tube placed in the vein that is used to give fluid and medications.
5. **Blood pressure cuff:** A large cuff placed on the arm or the leg, which may be automatically or manually inflated so that the amount of pressure in the arteries can be evaluated.
6. **Arterial line:** A small tube or catheter that is inserted into the artery to continuously monitor the patient’s blood pressure.
7. **Central line (internal jugular line, IJ line, subclavian line, femoral line):** A special intravenous catheter placed in a large vein (in the neck, near the collarbone, or in the groin) to give fluids, medications, or nutrition or to measure blood pressures in and around the heart.
8. **Intracranial pressure catheter and/or ventriculostomy:** A small tube or catheter inserted into the brain to monitor swelling. This tube also can be used to drain excess fluid from the brain.
9. **Endotracheal tube (ET tube or ETT):** Breathing tube that is placed in the patient’s airway (trachea) through the mouth or nose. This tube is attached to a mechanical ventilator to help the patient breathe.

10. **Tracheostomy tube:** A breathing tube inserted in the patient’s neck, usually when assisted breathing (with a ventilator) is needed for a long period of time.

11. **Chest tube:** A large tube inserted between the skin on the chest and the lungs. This tube removes free air or blood that may make it difficult for the patient to breathe.

12. **Nasogastric tube:** A tube inserted into the stomach or intestines to provide nutrition and remove gastric acid or secretions.

13. **Dialysis catheter:** A catheter inserted in the groin or neck. The catheter is hooked up to external tubing and a dialysis machine, which cleans the blood and assists the kidneys.

14. **Intra-aortic balloon pump (ABP):** A catheter inserted into the groin that helps the heart pump blood.

**Why does my family member look that way?**

Intensive care patients require a large number of blood tests. Even when the laboratory (lab) tests are drawn correctly, bruising may occur. Many critical illnesses make a person prone to bruising. Bruising may occur because the illness makes it difficult for blood to clot. Patients with liver problems, infections, or poor nutrition bruise easily. The elderly, people who have been on blood thinners, or those who drink alcohol regularly are also at high risk for bruising. The face may have bruising and swelling after a head injury or brain surgery.

In some critical illnesses, the body may ooze straw-colored fluid out of the puncture sites from lab draws and from any break or tear in the skin. The oozing is a result of swelling (the accumulation of fluid in the tissues). The straw-colored fluid is plasma that has been pushed or leaked into the tissues because of bed rest, ventilator breathing, liver failure, heart failure, or poor nutrition.

Skin tears happen when bandages and tapes are removed from the skin. The nurse will use the gentlest tape or bandage available that will still stick to the skin. Bandages are necessary over wounds as well as to keep the **intravenous (IV) lines** and other tubes in place. Skin tears may be unavoidable in people who have taken steroids, have a history of smoking, or have poor nutrition. The frail elderly are also at high risk of skin tearing.

If the patient has a tube inserted in the mouth, the ICU team may tie his or her hands down or put mitts on the hands. Although all attempts are
made to avoid this restraint, it sometimes is vital to ensure that the tube is not pulled out.

At times there appears to be a lot of mucus and even blood around the tubes. The nurse will gently clean around these areas, but sometimes some blood will remain. The patient’s face may be very swollen. This is not uncommon in the ICU and should resolve as the patient recovers.

Sometimes, small pockets are made under the skin to hold internal monitors like permanent pacemakers, automatic defibrillators, or other devices.

Occasionally, an opening is made in the wall of the stomach to allow evacuation of urine or bowel movement. This is called an ileostomy or colostomy. These openings may be temporary or permanent, depending on the reason for the opening.

If the patient has a broken leg or hip, weights may be applied to keep the bones straight. This traction will prevent the patient from moving without assistance.
Frequently, the inability to move, the assisted breathing, the critical illness, and the treatments for blood pressure may cause swelling or edema. Little can be done to prevent the swelling. The nurses may try to decrease swelling by keeping the head of the bed slightly raised and the patient’s hands elevated on pillows. Rings may need to be removed to protect the blood flow to the fingertips. The eyes may also swell, and the inside lining of the eyelid may stick out because of the swelling.

**Why does my family member act that way?**

The patient may awaken and feel confused about where he or she is and what has happened. He or she may also be anxious or in pain.

To reduce anxiety and pain, calming medication (sedatives) and pain medication (analgesics) may be needed. Sedatives relax and calm the patient, causing sleep and possibly amnesia, a partial or total loss of memory. Analgesics significantly diminish the pain. While sedated, it may be difficult for the patient to think clearly.

Sedatives may be needed to prevent the patient from fighting against the breathing machine, the catheters, and even the nurses. This is very common in the ICU. The fear that occurs in critically ill patients may be treated with sedatives. It also helps to talk to your family member in a calm and reassuring way.

Sometimes the medication that the patient receives may change his or her perception of what is happening. He or she may seem angry, combative, hostile, or just different. It is important that you tell the nurses and doctors about the difference in the patient’s personality, so a decision can be made about whether a different medicine should be used or whether the change in the patient’s personality is unrelated to the medication.

Your family member may act in ways that surprise and distress you. These actions may be a result of fear, frustration, or actual chemical changes in the body. Sometimes patients say and do things that they would not ordinarily do. Usually this behavior will resolve as the condition improves.

**Why doesn’t my family member talk to me?**

There are many reasons why a critically ill person may not speak. One reason may be that the breathing tube is passed through the vocal cords and prevents speech. When artificial breathing is used, sedatives are also necessary. As well, the healthcare team may give the patient sedatives and analgesics to reduce anxiety and pain. Sedatives relax the patient, make him or her sleep, and promote amnesia. Analgesics significantly diminish the pain. When the patient is sedated and has been given pain medication, he or she may have difficulty waking up or may appear disoriented. Sometimes the amount of sedation
needed to allow the assisted breathing to take place makes the person appear to be in a coma (will not awaken).

In a person who has been brain injured by either stroke or trauma, the ability to speak or stay awake may have been affected. This is common in the first few days after these injuries. The healthcare team will have to determine whether it is likely that the brain will heal. In most cases of stroke or brain injury, it takes at least 7 days for the doctors to make an evaluation of potential recovery.

Sometimes fluids, chemicals, and toxins in the blood will make a person sleepy, disoriented, hostile, combative, or even unarousable (comatose). Nutrition, fluids, electrolytes, dialysis, and other therapies may be needed in order to regulate the blood.

While the person is not talking or is in a deep sleep, it is important to keep speaking to him or her. You can help by talking in soothing tones, telling stories, and supplying the patient with normal information to keep the brain active, yet calm. The voice of someone the patient knows is helpful in most cases.