

Traumatic to Be Conscious during Ventilator Treatment

More and more people being cared for on ventilators are conscious during the treatment, but what is it like to be fully conscious without being able to communicate with the world around you? A thesis from the Sahlgrenska Academy has lifted the lid on a world of panic, breathlessness and unheard pain.

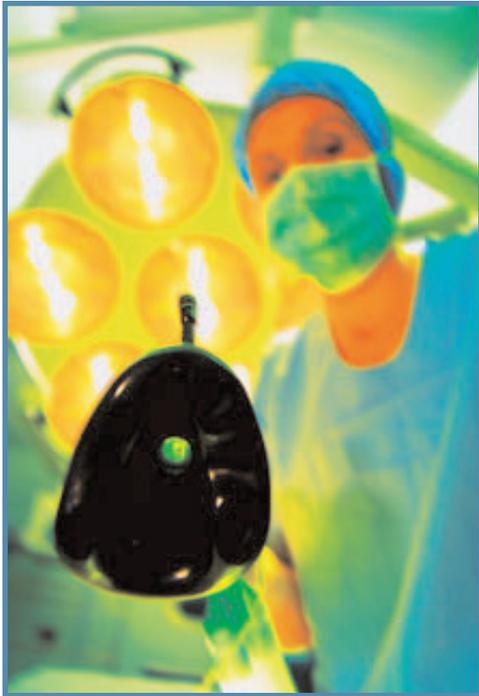


Photo Credit: University of Gothenburg

It has been far more common since the beginning of the 21st century for patients to be conscious during mechanical ventilation when cared for in an intensive care unit (ICU). This new approach has resulted in medical advantages as well as shorter time on mechanical ventilation and in the ICU.

But lying fully conscious on a mechanical ventilator is a traumatic experience, reveals a thesis from Veronika Karlsson, a doctoral student at the University of Gothenburg's Sahlgrenska Academy, where she interviewed patients and relatives during and after ventilator treatment. She is also

an intensive care nurse at Skaraborg Hospital in Skövde.

“The studies show that many people who are conscious while ventilator treatment experience feelings of panic,” says Karlsson. “Many describe being breathless, and pain from the tube and probes makes it hard for them to relax and sleep.

“After breathing, the most difficult thing was not being able to talk. All of the patients who were interviewed communicated by nodding or shaking their head, but also developed individual communication patterns using facial expressions, looks and body language to express their suffering.”

Attentive Caregivers Important

The 14 patients who were interviewed were in ventilator treatment between two and 88 days. Regardless of the duration they all stated that they felt helpless and powerless in relation to the ventilator treatment, and completely dependent on the caregivers' ability and willingness to help them.

New Set of Demands

However, the ventilator treatment was perceived as less unpleasant if caregivers were attentive in their communication and actively “there for” patients, in other words concentrated all of their attention on the mechanical ventilator user when they needed help.

“Having patients conscious during ventilator treatment brings a new set of demands in terms of the care given and the environment that the patients are in,” says Karlsson. “For example, it's very important that nurses are attentive and present, use a friendly tone of voice, have the ability to read patients' facial expressions and body language and adopt a warm approach. When it comes down to it, they need to be able to get across to patients that they are in it together.”

Most Preferred to Be Conscious

The negative experiences were still perceived as such a week after the patients had left intensive care. However, when subsequently asked

whether they would have chosen to be conscious or sedated, eight out of 12 patients said that, in spite of everything, they would have preferred to have been conscious.

“My interpretation is that those who chose consciousness had nurses who were standing by,” says Karlsson.

Ambivalence among Relatives

The patients’ relatives also showed a degree of ambivalence towards sedation where they could see that the patients were suffering. Furthermore, many did not have the opportunity to talk to the caregiver in private without the patient being able to hear.

“The results show that it is difficult and painful to be cared for while conscious during ventilator treatment, but that by actively ‘being there’ for patients, nurses can alleviate the situation and help patients to get through it,” says Karlsson. ▲

Source: The Sahlgrenska Academy, University of Gothenburg, Sweden.
Link to thesis:
<http://hdl.handle.net/2077/27823>

Help Us Find Solutions

IVUN is looking for researchers worldwide, although the proposals must be in English, to submit requests for its \$25,000 grant to be awarded in December 2012 for research done in 2013.

IVUN funds projects that will improve the lives of users of home mechanical ventilation regardless of their diagnosis. IVUN will provide funds for pilot studies intended to generate data to be used in obtaining larger grants and requests that supplement important research in progress.

We encourage you, our Members, to help spread the word about this opportunity to your circles of colleagues and friends. Or, you may send us names of researchers and we will send the “Call” directly to them.

Go to www.ventusers.org/res/. The online [“Call for Proposals”](#) includes detailed criteria and submission requirements. The reports from previous recipients are online at [“Prior Awards.”](#)

Deadlines:

Postmark deadline for Phase 1: Friday, May 4, 2012

Invitation to submit for Phase 2: Friday, July 13, 2012

Postmark deadline for Phase 2: Friday, October 5, 2012

Final decision: Friday, December 14, 2012