

Learning Together

Post Intensive Care Syndrome (PICS) Awareness and Action

An ICU led initiative to foster understanding in the Post ICU Care Team



Submitted by QEII 3A ICU Team

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Survival to Discharge

is often just the beginning of the Journey

Post-Intensive Care Syndrome PICS

New or worsening impairment in physical, cognitive or mental health status, arising after critical illness and persisting beyond discharge from acute care

Post-Intensive Care Syndrome-Family PICS-F

The acute and chronic psychological effects of critical illness on the family. The symptoms experienced during the critical illness as well as those that persist after ICU discharge or death

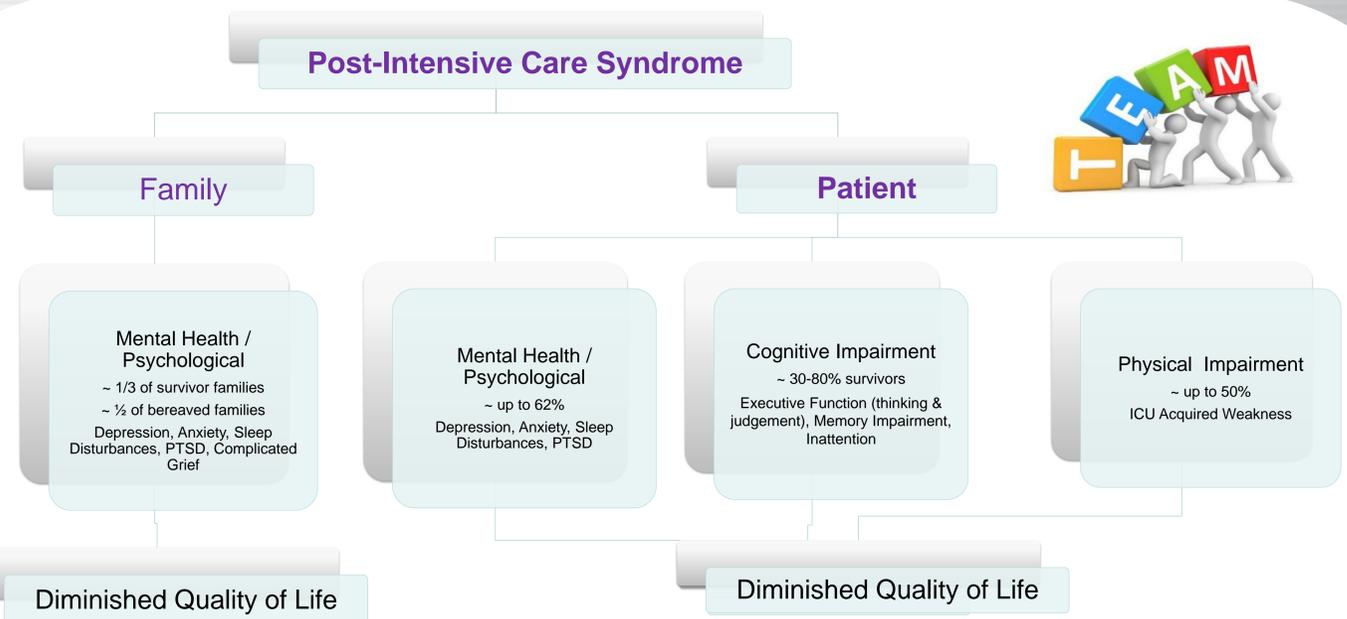
Why We Need to Foster Understanding

A multidisciplinary group of practitioners from 3A ICU joined to:

- explore PICS and PICS-F
- to provide education throughout the hospital
- to foster awareness of these syndromes, so that healthcare providers OUTSIDE of the ICU have an understanding of the challenges facing Post-ICU patients and their families

How We Engaged with Post ICU Care Team

- Proposed the concept of the initiative to site leadership
- Attended daily Bed Rounds to ask Charge Nurses if they thought the topic was of interest
- Planned a series of short sessions to be offered on days & evenings
- Ensured we had at least two of our team to present
- Simple evaluation tool



What the ICU Team Does to Prevent or Limit PICS

Standard History and Physical, with BPMH (including non-prescription use)

- A** Awake – Minimize deep sedation
- B** Breathe – Ventilator liberation
- C** Choice of sedatives & Analgesia
- D** Delirium – Assess, Prevent & Manage
- E** Early Mobility & Rehabilitation, including cognitive stimulation
- F** Family involvement in Care & Awareness of PICS
- G** Good handover

And now the Patient and Family are transferred out of ICU....

- D** Delirium awareness & interventions to mitigate delirium, including sleep
- U** Understand medications (anticholinergic effects, sedatives, importance of BPMH)
- L** Listen: Lend an ear, Encourage diary or journal.
- I** Information: For each other, For patients & families
- F** Family: Engagement in Care
- E** Exercise / Mobility incl. cognitive stimulation

#DULIFE

Participant Evaluation

- 80% report that “Now that I’ve learned about this syndrome, I think I’ve seen the impact in patients” *at least somewhat frequently*
- 90% report “they’ve seen some degree of its impact on families”
- 97% report “It was helpful / useful to understand the interventions used in ICU
- ~100% report “the strategies for the post ICU / inpatient units provides useful information”

#DULIFE Tips for Families

- Encourage family to take care of themselves
- Seek support, including friends and family. Ask the care team about support available, including social workers and spiritual care
- Ask questions, and keep a journal.
- Participate in patient care if that is important to you and the patient.
- Ask the bedside staff to suggest family activities and strategies to support recovery

Resources for HCPs & Patients / Families:

Society of Critical Care Medicine; Critical Illness, Brain Dysfunction and Survivorship CIBS Center <https://www.icudelirium.org>

Facebook Group for Patients; Patient Stories – search on Youtube; ICU-diary.org