

Intensivists: Doctors with special training in the care of critically ill patients.

Registered Nurses: Nurses with special training and clinical skills in the care of critically ill patients.

Pharmacists: Focus on the safe and effective use of medications.

Respiratory Therapists: Focus on caring for patients with breathing problems, and help monitor and support patients on ventilators.

Physiotherapists: Focus on improving the patients' movements to prevent muscle loss.

Speech Therapists: Focus on the patients' ability to swallow without choking as well as return of normal speech.

Social Workers: Focus on providing support and education to help patients and their families cope with a variety of issues that may come up during illness or injury.

Dietitians: Focus on nutritional requirements to help in the healing process.

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ICU Liberation refers to the recovery of your loved one from the intensive care unit.

Treatment of critically ill patients requires holistic and multidisciplinary care that extend beyond disease treatment, to ensure recovery and healing. The ABCDEF bundle that is described below explains each component of the process to recovery and eventual "liberation" from the intensive care unit.

ASSESSING AND TREATING PAIN

Your loved one is assessed for pain regularly.
Our goal is to keep them comfortable using medications and other treatment measures, while they recover.

WAKE UP AND BREATHE

Your loved one is evaluated daily to determine if it is safe to come off the breathing machine (ventilator) or other oxygen delivery devices. The evaluation includes reducing sedation medications to allow them to wake up, then assessing their ability to breathe on their own.

CHOICE OF MEDICATIONS

Many medications are used in the intensive care setting to treat your loved one. These medications are reviewed frequently to tailor treatment at each stage of recovery.

Medications are reviewed to decrease levels of sedation, while ensuring adequate pain control and delirium management. This allows active participation in ventilator weaning trials and early mobility activities.

DELIRIUM: ASSESS, PREVENT AND MANAGE

Delirium is a temporary state of brain dysfunction that occurs in up to 70% of ICU patients.

Delirium can come on quickly, in hours or days.

Signs of delirium can change from one day to the next. These signs include agitation, confusion, inattention, unsure about where they are or time of day, acting different, emotional changes and hallucinations. The most important step in delirium management is early recognition and intervention.

EARLY MOBILITY

Early mobility helps prevent muscle loss and has been shown to help maintain alertness, orientation and assist with recovery. Therapy is provided as a team approach. Daily activity helps with greater physical independence, lower rates of delirium, and greater chance of discharge to home rather than to a skilled nursing facility.

FAMILY ENGAGEMENT

We encourage family and friends to visit and support your loved one during their stay.

How can you participate in the care of your loved one?

- Speak softly and use simple words.
- Remind your loved one of the time, place and date.
- Talk about family and friends.
- Bring in their eyeglasses and hearing aids.
- Decorate the room with reminders of home.
- Perform range-of-motion exercises with instructions from staff.
- Keep a journal of your loved one's ICU experience to share with them.