

## The Intensive Care Patient Journal

**This guideline is approved for use in Nepean Adult ICU only, where a patient receives continuous monitoring. The authors and Nepean ICU don't endorse, and aren't responsible, for the use of this guideline outside the ICU.**

### **Purpose**

To introduce a Journal for an ICU patient that captures the experiences from their ICU admission and later allows them to fill in memory gaps caused by sedation and the illness

### **Definitions**

PTSD- Post Traumatic Stress Disorder, a form of anxiety disorder, developed in some people after a traumatic event, this includes a life-threatening illness.

Completed Journal- A Journal is complete when given to the patient under supervision by ICU staff

### **Procedure**

#### **Inclusion criteria:**

Patients that have been mechanically ventilated for a period of 48 hours, and are expected to be ventilated for a further 48 hours.

Or- Patients from admission who will be ventilated for more than a week.

#### **Instructions prior to commencing the Journal:**

- Explain the purpose of the Journal and provide the family with a copy of the information package. This includes the consent form necessary to commence the Journal.
- The 'person responsible' must sign the consent form before commencement of the Journal or taking photos.
- A copy of the consent form is then given to the person responsible and a copy is placed in the patients' medical record.
- Journals, information packages, consent and acceptance forms plus blank pages and colouring pencils are located in the drawers marked "Journal Drawers" in the ICU 2 nurses station.

#### **Commencing the Journal:**

- Place a patient label on the outside of the Journal
- The nurse starting the Journal writes a brief summary in layman's terms of the patient's experience since hospital admission until the time of commencing the Journal, including date and time of admission to ICU and diagnosis
- This nurse is also expected to fill in the Journal Tracker, also found in the Journal drawers (ICU 2)

**What can be included in the Journal:**

- Words, drawings and photographs.
- Descriptions of what has happened during the day both in hospital and at the patient's home
- Is written by "talking to the patient" e.g. this happened to you (rather than about the patient), using layman's terms whilst maintaining professionalism.
- Any Nepean Hospital ICU staff member, visiting family and friends can make an entry into the Journal.

**Photographs.**

- Can only be taken by the bedside nurse.
- The photograph must be able to clearly identify the patient's face.
- Cannot include any private body parts, including cultural sensitivities.
- Can include visitors but must not include any Nepean Hospital staff.
- Have to be taken on the ICU camera (found in the NUM 1's office), up loaded onto a computer and scanned onto an appropriate template, colour printed on the ICU 1 printer (NEIC11), added to the patients journal, date and time stamped and then deleted off the camera and computer.
- 1 photo should be taken in every 24 hour period.
- The journal will be located on the patient's shelf at the bedside.

**What cannot be included in the Journal:**

- Any information that is sensitive in nature.
- Information that a patient would wish to keep confidential.
- Nothing offensive (hurtful, derogatory or obscene) or slanderous in nature.

**Other considerations:**

The ICU Journal is the property of the Nepean ICU until the patient is well enough to sign his or her own acceptance form when cleared for the ward (under ICU staff supervision, to explain photographs). For this reason the diary cannot be removed from the bedside by any patient and/or visitors. The ICU staff reserve the right to remove any material that is offensive (hurtful, derogatory or obscene).

In the event of a patient death, or being unable to sign the acceptance form, the Journal can become the property of the person responsible. Journals not collected within 6 months of the patient discharge date will be destroyed by shredding, to maintain patient confidentiality.

***Risk Rating***

Low – For Review 3 years from validation date unless significant and compelling evidence becomes available to indicate a practice change within that time.

## **Implementation Plan**

Endorsed by ICU Management Committee  
 Discussed at ICU Ward Meetings and other relevant unit meetings  
 New Procedure placed in ICU Communication Book and emailed to all staff  
 Electronic file loaded onto ICU website  
 Education and in service provided to relevant staff

## **Education Notes**

Post Intensive Care Syndrome (PICS) is a well-recognized complication of critical illness and can include cognitive, psychiatric and/or physical disability (Rawal et al 2017). As many as 1 in 10 ICU survivors are likely to develop a diagnosis of PICS after ICU discharge, causing increased chronic health conditions, unemployment and divorce (Jones et al 2010). The most severe psychiatric symptom is PTSD, which Nepean ICU is already combating by early mobilisation and sedation breaks. Research shows that heavy and prolonged sedation in ICU promotes the recall of delusional memories. The most severe form of PTSD is identified in patients who have no factual recall of their time in ICU, but still suffer vivid delusional memories (Backman et al 2010). The journal is a cost effective way of improving long term ICU outcomes by giving reality proof, increasing communication between visitors and staff and highlighting the severity of a patient's journey (Mikkelsen et al 2015).

## **References**

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## **Version History**

<b>Date of Issue</b>	<b>Document Version</b>	<b>Change Details</b>	<b>Author</b>