

A Nurse's Experience Being Intubated and Receiving Mechanical Ventilation

Nicole E. Jenabzadeh, RN, MS, BSN
Linda Chlan, RN, PhD

A nurse with a history of childhood asthma describes her experiences with intubation and mechanical ventilation. It is important for nurses to recognize that mechanical ventilation is very stressful for patients and for the patients' families. It is essential for nurses to keep the patient as the focus of their care. A key part of that focus is to reorient patients who are receiving mechanical ventilation frequently. (*Critical Care Nurse*. 2011;31[6]:51-54)

I have a history of childhood asthma, which required intubation and mechanical ventilation. Over the course of 8 years, I was intubated and supported with mechanical ventilation every 1 to 1½ years for a total of 6 times. I decided to become a nurse because of my experiences with asthma. I was able to see from a patient's perspective what made a great nurse and what type of nurse I knew I could be for my patients. I want to share my experiences with other nurses so that they can have an idea of what it actually is like for a patient receiving a very stressful and frightening treatment. I hope you will consider my experiences the next time you provide care for a patient receiving mechanical ventilatory support.

The way I tell the story of my experiences with mechanical ventilation is the way in which I recall them from when I was 12 to 20 years of age with no formal medical education. The manner in which I tell my story today has changed little because it is still how I remember these experiences.

Intubation and Mechanical Ventilatory Support

My first time being intubated and receiving mechanical ventilatory support was when I was 12 years old, and that experience was by far the scariest and most stressful of my experiences with mechanical ventilation. I remember having difficulty breathing, feeling like I was suffocating, and being very panicked. The doctors used a bag valve mask and explained that they

were going to put a tube in to help me breathe and that I shouldn't remember a thing. Luckily, that time I did not remember the actual intubation itself, but I remember waking up and being unable to move on one occasion. Even though I had been chemically paralyzed, I remember being awake for a short period and trying to muster all my energy to move my arm or finger and try to signal to anyone that I was awake. This experience, being conscious yet unable to move a muscle, was very frightening.

My most comforting memory was the sound of my mother's voice, repeatedly telling me what had happened: "Nicole, you are in the hospital. You could not breathe any more on your own and the doctors had to put a tube down into your lungs to help you breathe. You are going to be OK, I am here and I love you." I don't know how many times she repeated that sentence over and over again. It was reassuring to hear my mother's voice as she would explain things and comfort me, but it also helped me realize what had happened to me. My father was out

of state when all this had happened, so my mom would hold the phone up to my ear so he could speak to me, which was comforting. When my mom would leave, she always made sure that I had my favorite tape of music playing and asked the nurses to change sides so it could play continuously. The sound of familiar music was also very comforting. I knew every word and I could sing along in my head to keep my mind busy. It was relaxing to me to have familiar music playing in the background.

Once the paralytic medication had been discontinued and I was more wakeful, a caring and comforting nurse gave me a pen and paper. It was very difficult to try to write with the arm board taped to my arm to protect the arterial catheter. The lighting was poor, and the most difficult hurdle was that I was seeing double because of the eye ointment. I felt scared, not knowing what was going on or happening to me. I was frustrated at not being able to communicate simple requests or perform simple tasks like scratching the itch on my face and nose or wiping my eye. I used a chart with simple words and pictures and pointed to it when I was feeling too warm or had pain. I wrote out more complex thoughts with paper and pen. Lucky for me, I was able to write and communicate, but I still found it very frustrating because I could not verbalize all

of my thoughts, feelings, and needs. Thankfully, the nurses also anticipated my needs by turning a fan on when I was hot, administering pain medications, or simply scratching an itch on my face. I cannot image what it must be like for someone who cannot make gestures, write, or point to letters and words because they are too weak, paralyzed, or visually impaired.

I feel that patients' experience while dependent on a mechanical ventilator could be less stressful if they can communicate in some way. Even if communication is limited to blinking the eyes for simple yes or no questions, it is still a means to reassure patients that they can communicate and that efforts are being made to meet their wishes.

Discomforts Associated With Intubation, the Endotracheal Tube, and Suctioning

I have been intubated so many times that the memories run together. After the third and fourth times, I knew what to expect. However, I had a very traumatizing intubation where a doctor in the emergency department insisted on nasotracheal intubation while I was still awake. I remember them trying to force this heavily lubricated tube down my nose while I felt like I was suffocating. The pressure was intense, and I kept coughing and also vomited. My mom was angry, telling the doctor to

sedate me and intubate me through the mouth like she had seen many times before. Finally the nurses put the ordered sedative in my intravenous catheter, and the next thing I remember was being in the intensive care unit (ICU) receiving mechanical ventilation again. I had numerous scleral hemorrhages after this traumatic intubation. My mouth was very dry, and the endotracheal tube was very irritating to my throat. I really appreciated the caring nurses who performed oral care and carefully anchored the ventilator tubing to prevent unnecessary movement or tugging on the endotracheal tube.

Suctioning was very uncomfortable. First I felt like I was drowning in my own secretions. Then, I felt as though my body was going into convulsions as gag and cough reflexes were triggered. My eyes teared up, and it felt as though my insides were being "pulled out" into the suctioning catheter. As a reminder to nurses, several steps may prevent the traumatizing effects of endotracheal tube suctioning on patients, including suctioning only when needed to remove secretions, inserting the catheter to the appropriate depth to avoid tissue trauma, limiting the time of catheter insertion and removal, and providing adequate oxygenation and ventilation. For those patients who are more alert, nurses should try to provide thorough patient preparation and education on the need for suctioning, along with quick passes of the suction catheter so that the process is not prolonged.

Extubation

Extubations were exhausting! My body was already weakened

Authors

Nicole E. Jenabzadeh is a family nurse practitioner with Avanti Medical Group in St Paul, Minnesota, and Linda Chlan is an associate professor at the University of Minnesota School of Nursing, Minneapolis.

Corresponding author: Linda Chlan, RN, PhD, University of Minnesota School of Nursing, 5-160 Weaver-Densford Hall, 308 Harvard St SE, Minneapolis, Minnesota 55455 (e-mail: chlan001@umn.edu).

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from the illness, and I had to follow the commands of the respiratory therapist to do pulmonary function tests on the ventilator. I dreaded the last suctioning pass before extubation, which consisted of endotracheal tube suctioning and deep suctioning in the back of my mouth all the way to the balloon. I don't remember any of the actual extubations being painful, but they were uncomfortable. I felt as if I was vomiting up the endotracheal tube. I was so grateful to have the tube out that I never dwelled on the extubation process. My throat was always sore for several days after extubation, making it painful to cough, which I needed to do to clear secretions.

Because a patient is usually awake and following commands when being extubated, the nurse should make sure that the patient is properly prepared and educated about what is going to happen and some of the temporary sensations that might be experienced (eg, gagging), and the nurse should make sure that all necessary equipment is available so that the extubation process is expedited as quickly as possible.

Memories of Nursing Care

During my intubations and my stay in the ICU, I remember a lot of nurses taking care of me. They made the difference between my being in agony and my feeling comfortable and safe. I would feel anxious or

frustrated when nurses would not acknowledge me and go about their duties as if I were invisible. When a patient is relying solely on a nurse to advocate for their needs and that nurse does not address pain, comfort, thirst, temperature, and so forth, the patient's basic needs are being ignored. Imagine feeling cold and not being able to tell someone that you need a blanket. Nurses that were comforting were nurses who would talk to me directly, explaining the cares being provided. I especially appreciated nurses who would take the time to sit and make the effort to communicate with me; it showed that they were invested in their work and their patients. Nurses who made the extra effort to try to figure out my wants and needs were invaluable to me.

I think that one thing that ICU nurses may forget is that your patient can hear you. I remember hearing many conversations where the nurses were talking with colleagues about their personal life or a work situation. Very few times would the nurses talk directly to me and explain what they were doing when I was receiving mechanical ventilation. Did they assume that because I was sedated I was not there, and that I could no longer hear? I would have appreciated the nurses talking to me as if I could engage in conversation while they explained what was going on and what intervention they were going to perform. It is an undignified feeling being hoisted up in the air like a beached whale and then hearing your weight being shouted out loud. I would have appreciated someone telling me that they were going to weigh me by lifting me up in a Hoyer lift. It is a helpless feeling

knowing that you are so vulnerable. Having complete strangers care for you, bathe you, and have to do every small thing for you is very uncomfortable. Nurses should remember to address their patients directly when providing care, regardless of whether or not the patients can hear them. It is a sign of respect for the dignity of each individual patient during a very vulnerable time.

For me, a "good ICU nurse" is someone who has not made any assumptions and has no preconceived notions about the patient or the patient's family. Nurses must remember that the ICU experience is a new one for the patient and his or her family, and it is terrifying. I was lucky to have my mother by my side, constantly reorienting me and explaining things to me, because I do not remember many of the nurses performing that task. It is important to convey empathy and reorient patients frequently. It was very frustrating to me when nurses didn't take the time to assess and determine my needs.

Reflections on My Experiences

I went into "survival mode" after each hospitalization and just focused on coping day to day. Eventually I started to write down thoughts about my experiences with my asthma and found personal journaling to be helpful for my recovery to process events, both positive and negative, that occurred while I was receiving mechanical ventilation in the ICU. Journaling allowed me to address my feelings and reflect on my experiences. My strong religious beliefs were also a source of



To learn more about caring for patients receiving mechanical ventilation, read "Overview of Mechanical Ventilatory Support and Management of Patient- and Ventilator-Related Responses," by Grossbach et al in *Critical Care Nurse*, 2011;31(3):30-44. Available at www.cconline.org.

great strength for me during my recoveries. My beliefs are what gave me hope and perseverance. Because spirituality is so individualized, nurses should try to ascertain how they can be spiritually supportive to each of their patients or should consult a chaplain for further assistance.

I am so thankful for my experiences being intubated and receiving mechanical ventilation. It has made me a better nurse and allows me the ability to really empathize with my patient's situation. I believe that all nurses need to take a moment and really put themselves in their patient's position. Imagine how you would feel and what thoughts would go through your mind if you had a tube in your throat that made it impossible for you to talk, were paralyzed or restrained, and were unable to move.

I would suggest to ICU nurses to also recognize the psychological needs of your ventilator and sedated patients in addition to their physiological needs. When implementing "sedation holidays," be sure to reorient your patient, tell him/her what happened, where they are, what you are going to do, and, if applicable, let the patient know that their family knows they are in the hospital and that their family loves them. Ask yourself what questions or needs you would have if you were in the patient's situation and try to address those concerns with your patient. Whether you are right or wrong, your patients will feel comforted that you are trying to understand them in their present situation. **CCN**

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