

Personalizing Family Support in the ICU

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INTRODUCTION

In the modern adult ICU, there is increasing acquiescence of the importance of providing care that acknowledge to the needs and values of both patients and their family members. After all, the same family members that are involved in shared decision-making with the medical team likely were involved in solicitous for the patient before the current illness. When patients survive, these family members carry the difficulty of providing informal care to the broken ICU survivors.

At the individual level, patients and families most often engage with healthcare providers by stating their preferences, goals, and values during shared decision-making. Recognizing the complex relationships and dynamics that exist between patients, families, and the multi professional ICU staff involved in patient care, special consideration is needed to ensure that patients and families have a clear understanding of the available care options to engage in decision-making.

Families in the Intensive Care Unit (ICU) encounter high-stress levels and are at risk of developing psychological symptoms inclusive depression, anxiety, and Posttraumatic Stress Disorder (PTSD). Family-centered care defines an address that encompasses respect, compassion, and support for families.

As the medical community concentrate on the need to improve the quality of care at the end of life, it becomes increasingly important to discover those areas of care that are most important

to dying patients and their families. Addressing patient and family impression of their needs may help to reverse the lack of advance to date implementing interventions effective in improving end-of-life care.

Healthcare professionals are increasingly aware of the part that the patient's family can play during hospitalization. Indeed, their involvement is crucial in a context where elderly patients represent a constantly growing proportion of hospital admissions, and where the evolution of ambulatory care has increased the frequency of trips to and from the place of care. Moreover, several well-being for the patient have been related with increased family participation, including decreased stress and anxiety, lower delirium pervasiveness, shorter hospital stays, greater patient satisfaction and experience with care and a more enterprising attitude towards their health condition.

CONCLUSION

After all, the same family members that are involved in shared decision-making with the medical team likely were involved in solicitous for the patient before the current illness. Recognizing the complex relationships and dynamics that exist between patients, families, and the multi professional ICU staff involved in patient care, special consideration is needed to ensure that patients and families have a clear understanding of the available care options to engage in decision-making.

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