

ABCDE= Caregiver

A- Advocacy

- a. ASK Families who do not have medical knowledge if they are scared to say no to being a part of rounds because they do not want to hurt their family member or interrupt the care. They are often feel out of place and are afraid to come to rounds, be sure to invite them.
- b. Families that ask more questions are often seen as a burden on the team, slowing down rounds or sometimes, aggressive. However, it is important to remember that feelings of protection are overwhelming as the caregiver. Their questions should be seen as inquiry, not an intellectual attack on the medical care.

B- Burn out-

- a. **Communicate the daily schedule** so the caregiver also knows when they can come and go without interruption. Also communicate changes that changes can and likely will happen and determine the best way to communicate those schedule changes.
- b. Caregivers need sleep and support too. But they feel guilty taking any time for themselves because they are not the ones suffering and sick. Without a schedule or plan for the day they are often afraid to leave, even for a quick meal, fearful that they will miss something.
- c. Encourage family members to take breaks and eat regularly.
- d. Assess their basics needs (e.g. do they live far away, need to work, have resources for food) and link to appropriate hospital resources to assist them.
- e. Provide family members with the best way to contact the unit to ask about their loved one.
- f. Compassion for pain and comfort- their only concern is the family member. Be careful not to deflect their "basic" questions. Families often entrust the medical team with the strategy and feel compelled to speak for the everyday things that are affecting their loved one.
- g. Do all patients, specifically ambulatory patients, need skin breakdown beds? This wakes patients every few minutes.

C- Communication

- a. Nursing communication boards are excellent: When is next pain medicine due? What studies are scheduled for today? If the patient is undergoing a procedure, what is the pain management plan for the procedure? What is the plan for mobility? **Mobility IS MEDICINE.** Patients should feel encouraged to move as much as able.
- b. Teaching hospital rounds- do it in the room, have the family present in the room. The patient and family can contribute. Doctors/providers need to change their culture to ensure consistency with the patients and families. Multi-team hospitals have a hard time with consistent communication. **KNOW** when to defer the plan, caregivers are still happy to hear an answer, even if it's "I don't know, but I'll find out."

D- Do not Disturb

- a. Nighttime culture- Find ways to reduce light and noise. Also find ways to reduce unnecessary wake-ups to allow the patient and family members extended times periods for sleep.
- b. Strategies for this include coordinating laboratory draws, x-rays, resident H&Ps, and medication administration. Know what time daily baths are done. When medications are given (at some hospitals the default time is 3am); know when a CT head is going to be performed. Arbitrary ordering of tests keeps your patient up all night.
- c. Communicate the usual schedule to the family members – perhaps even with a “Introduction to the ICU” brochure. This helps communicate both the daytime and nighttime schedules so they know better what to expect.
- d. Medication scheduling- needs to be coordinated. Patients on frequent drugs can end up getting bag change and nursing rounds in the room every two hours (antibiotics, PCA/PCEA medication bag changes requires two nurses)

E- Education & exit – schedules

- a. At discharge, provide the caregiver with information regarding exercise and nutrition to help carry on the care given in the hospital
- b. Leaving the hospital is scary to the caregiver- education and task mastering will help them get into a system
- c. Medication reconciliation with the caregiver. Be sure you have not started drugs that cause withdrawal and are not covered by insurance!
- d. If the caregiver is not there, COME BACK. Do not give discharge instructions to patients who have been hospitalized for a period of time. It's not about your schedule as the provider, it's about safely getting the patient home.