

ICU Journal: Promoting active client participation through occupational therapy intervention

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Purpose

The purpose of the capstone project was to develop advanced practice in the ICU and to describe how occupational therapy theory can guide the use of a ICU journal in a clinical setting with the client's active participation.

Background

Occupational therapy takes a holistic approach to address physical, psychological, and cognitive deficits. In the intensive care unit (ICU), occupational therapists prioritize the skills needed to complete the simple activities of daily living (American Occupational Therapy Association [AOTA], 2014).

Psychological Distress

Following discharge from the ICU, up to 80% of patients may experience long term effects including anxiety, depression, memory deficits, and delusional memories. (Garrouste-Orgeas et al., 2017). These effects are believed to be caused by intense medical procedures, sedation, and physical discomforts (Garrouste-Orgeas et al., 2017). The patients may experience a memory gap with difficulty identifying what memories were real during the hospitalization period (Egerod & Cristensen, 2010).

ICU Journal

The ICU journal is a tool to help fill the memory gap and to validate the individual's emotions. (Egerod & Christensen, 2010). The ICU journal is a handwritten narrative using everyday language to describe medical procedures and the patient's functional progress. Historically, nurses and other staff members are the primary contributors to the journal. Family members are invited to write in the journal to communicate with their loved one (McIllroy, King, Garrouste-Orgeas, Tabah, Ramanan, 2018). The ICU journal has resulted in a significant reduction of depression, anxiety, and delirium while also promoting feelings of individualized care (McIllroy et al., 2018).

Capstone Experience

Indirect Patient Care

- The occupational therapy student completed indirect patient care by engaging with nurses, respiratory therapists, nurse technicians, and occupational therapists within the ICU. This provided insight into the role of other professions in patient care and the patient's daily routine.

Direct Patient Care

- Over the 16-week period, the occupational therapy student progressed to provide occupational therapy interventions to a full case load in the ICU to better determine how the journal could best align with skilled interventions.
- The occupational therapy student provided skilled care for a variety of conditions including respiratory failure, subdermal hematomas, orthopedic fractures, strokes, and sepsis. Patients in the ICU typically present with at least one of the following: decreased activity tolerance, altered mental status, decreased strength, or high levels of pain.

Program Development

- Attended collaborative meetings with the ICU nurse manager, the policy/privacy officer, the director of chaplain services, and the ICU nurses
- Provided one-on-one education with the staff
- Reviewed the electronic medical record to select appropriate patient for journal implementation
- Received funding from the hospital's foundation for printing the journals

Theoretical Foundation

Model of Human Occupation (MOHO)

- Occupational participation and identity are the result of environmental influences on volition, habituation, and performance capacity (Kielhofner, 2008).
- The journal provided environmental feedback to understand the experience and to help the individual process the sensory input including repetitive alarms and physical discomforts.
- Entries were based on the individual's habits and routines while in the hospital to promote occupational performance (Kielhofner, 2008).

Toglia's Dynamic Interactional Model

- The theory is based in neuroscience and addresses cognition, information processing, brain plasticity, and structural capacity (Toglia, 1991). This approach also views the dynamic interaction between the person, the activity, and environment.
- The journal brought self-awareness about the patient's functional progress and served as an adaptation to facilitate coping (Toglia, 1991).
- As the patient demonstrated functional progress, the task was adapted to provide an appropriate challenge.

Case Narrative

The journal was started five days after the patient was initially intubated. The spouse was educated on the purpose of the journal and the spouse provided consent for the case narrative. Over two weeks, 33 total entries were written including entries provided by nursing, respiratory therapy, physical therapy, nurse technicians, dietary services, and occupational therapy. Entries highlighted the patient's routines and described the environment.

The journal was used in occupational therapy sessions to address activity tolerance, fine motor control, and cognition. Initially, the demonstrated intermittent command following so the entries were read out loud to the patient to promote orientation and awareness, guided by Toglia's Dynamic Interactional Model. As the patient's functional skills progressed, the journal was read in unsupported sitting. The patient was also encouraged to write his own entries, including entries about his participation in occupations as guided by MOHO.

The patient demonstrated signs of appreciation when reading the journal. The journal also humanized the patient experience for the staff.

Implications for Future Use

- The ICU journal aligns with the scope of occupational therapy. It can be used in skilled interventions to address activity tolerance, fine motor control, and cognition.
- To be successful, the journal requires a collaborative approach from all disciplines.
- Nursing may be more appropriate to initiate the journal due to immediate and more frequent interactions with the patient and his or her family. When used by occupational therapy, it should be guided by theory.
- It is recommended to continue to receive feedback about the journal from the patient, families, and health care staff.
- The journal may also be an useful tool for other prolonged hospitalizations outside of the ICU.

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