LETTER TO THE EDITOR

Time outside for a long-term ventilated ICU patient

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Dear Editor,

Critically ill patients who survive an acute illness or disease do not always recover rapidly and may become dependent on life support and mechanical ventilation via tracheostomy. Patients can have a difficult clinical trajectory with prolonged stay in the intensive care unit (ICU) resulting in significant mental health issues such as anxiety and depression.

A 42-year-old man was admitted to our ICU requiring intubation and ventilation due to (Miller Fisher) Guillain–Barré Syndrome. A tracheostomy was performed, and he had a long respiratory wean with a total ICU length of stay of over a year. During this time, he developed signs of depression and felt locked not only in his body but within the ICU. Short trips outside the unit were organised as often as possible with a portable ventilator and monitoring. It started with a stroll down the corridor, and it progressed to the rooftop Helipad (Fig. 1). The initial anxiety of leaving the room transformed into a joyful experience which he was looking forward to daily. Leaving the bedside for a short journey is not only therapeutic and meaningful but appears to improve mental health of long-term ICU patients. This continued throughout the COVID-19 pandemic in a safe, modified way as a part of the patient's care (Fig. 2).

Fig. 1 Patient on rooftop Helipad

Fig. 2 Time outside the room is part of the patient's care

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Informed consent

The authors declare to have informed consent of the patients to publish the images.

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