

[Case Report]

Mental support of family members of a patient in *status asthmaticus*

Yoko Kitasumi*, Mutsumi Satonaka**, Shigeko Nakatani** and Hiroshi Morita**

* Aino Gakuin College

** Osaka Mishima Critical Care Medical Center (CCMC)

Abstract

This paper reports our experiences with a patient suffering from status asthmaticus treated with physical measures and the mental support of the members of the patient's family and relatives. The patient was a 30-year-old male, married, who had been hospitalized four times due to status asthmaticus. While the patient's status asthmaticus had been improved with medications in the past, no improvement was noted this time and the patient was transported to Osaka-Mishima Critical Care Medical Center (CCMC) and treated using Extra-Corporeal Lung Assist (ECLA), which led to recovery. On arrival at CCMC, the physicians and nurses concentrated on the life-saving physical treatment, and the mental support for the family was insufficient. The family was in great shock after the ECLA treatment, and the patient's wife and parents were in panic. The elder brother showed avoidance behavior, and his sister displayed anger and aggressive behavior. Thus, the symptoms differed with the family member. Their mental states were as follows: at the first stage (shock stage), the nurses took a passive attitude and quietly observed the family without intervening. At the second stage (stage of defensive regression), the nurses tried to communicate with the family members as much as possible in order to have them express their depressive emotions. At the third stage (stage of acceptance), the nurses tried to actively approach the patient's wife, urging her to take care of the patient to keep him tidy and guide her in the rehabilitation techniques. The mental condition of the family improved together with the recovery of the patient's physical condition, which led to acceptance of his actual condition and a cooperative attitude toward the medical staff. Thus, we conclude that not only physical treatment of the patient but also mental support for the family is needed at the time of emergency treatment.

Key words: *status asthmaticus*, critical care medical center, family members, crisis intervention, mental support

Introduction

Most of the patients transported to Osaka Mishima Critical Care Medical Center (CCMC) are in physically critical condition caused by unexpected diseases and accidents. On arrival, the medical staff members concentrate on the emergency treatment of the patient, paying little attention to the mental state of his or her family. The patient is

separated from the family members who meet the patient again after the initial treatment. Often the family finds that the patient has been connected to various medical instruments such as a respirator. They are informed by the medical doctors that the patient is in a serious or critical life-threatening condition. Consequently, they become extremely anxious about the patient and are fearful of an unfavorable outcome.

In the present study, we report our experience with the mental support of a family of a patient suffering from *status asthmaticus*, who was subjected to (Extra-Corporeal Lung Assist) *ECLA*.

Case report (Case K)

The patient was a 30 year-old male, married, with parents and an elder brother and sister. Since 1982, the patient had been admitted to the same hospital four times due to *status asthmaticus* (accumulated bronchial asthma attacks) and had been treated with medication (epinephrine) and artificial respiration.

This time, he was admitted to another hospital due to bronchial asthma attacks and the frequency of the attacks was reduced for a while by medical treatment. However, on March 18, the symptoms of *status asthmaticus* appeared again and the patient showed increased difficulty in breathing, cold sweat and lip cyanosis. He was transported to Osaka Mishima CCMC.

On arrival at CCMC, the patient was conscious and could talk with the medical staff but showed cyanosis of the face and limbs. There was an obvious wheezing sound in both lung fields. No responses to epinephrine medication were noticed and pressurization with artificial respirator was not successful. The state of hyper-carbon-dioxidemia of PCO_2 with 99.9mm Hg was observed in the blood. Thus, tracheal intubation procedures were performed and *ECLA* procedures were continuously applied for 6 hours and 14 minutes, until the response to epinephrine appeared again.

After the symptoms were alleviated and the patient's condition became stable, he was transferred from Intensive Care Unit (ICU) to the general ward on March 29, 11 days after emergency hospitalization.

Nursing support for the family of the patient

We classified the mental state of the patient's family into three stages : shock stage, stage of defensive regression and stage of acceptance according to Kuroda's criteria (1989) and report here the mental support extended to the family members at each stage.

1. First stage : shock stage

In the first stage, namely from the 1st to 3rd day after hospitalization, the patient's family saw the incommunicable patient connected to various medical instruments. Moreover, the family had been informed by the medical doctor that the patient was in a critical life-threatening condition. The patient's wife and parents showed shock reactions of anxiety and chaotic behavior. His wife and parents appeared to be disoriented, not being able to move or walk. While listening to the doctors' explanations, the wife and parents almost fainted and had to be supported by the nurses.

Nursing support of the patient's wife and parents at the first stage was to observe them carefully and not intervene. The patient's wife wanted to remain in the hospital with the patient. She and the parents were allowed to see the patient anytime without limitations as to the duration and frequency of the visits by creating a private space with a screen in the room. Whenever the doctor explained the patient's condition, the nurses kept a very close watch on the family and were ready to offer as much support as possible.

Different behavior was displayed by the patient's brother who did not observe the patient or touch the patient directly, and only watched the screens of the ECG monitor and other medical instruments. Such behavior was considered to be an attitude of escape and avoidance from actual conditions. The patient's sister showed an

aggressive attitude, blaming nurses for what was happening and continually asking why such conditions had occurred.

2. Second stage : stage of defensive rejection and regression

The 4th and 5th day after hospitalization was considered to be the second stage for the family. In the first half of this stage, the wife and parents appeared to be under tension. They displayed rigid facial expressions, did not communicate with the nurses, and did not even touch the patient.

Nursing support at this second stage was aimed at having the family members, express their depressive emotions and accept the actual condition of the patient. Therefore, the nursing plan was aimed at trying to communicate with the family members and to offer as much active support as possible. As a result, the attitude of the family gradually changed, and they became aware of the nurses and their work.

However, the patient's brother and sister asked the same questions of the doctors whenever they visited the hospital. The patient's elder brother, under the influence of alcohol, telephoned the doctors many times, even at night, asking about the patient's condition in an aggressive manner. The patient's sister interfered with the medical treatments with a suspicious and aggressive attitude. In such a situation, the nurses became reluctant to perform their work and felt it too much of a burden to try to communicate with the family members even if, they were aware of the causes of such behavior. Thus, appropriate support of the family to have them accept the patient's actual condition is important for overall patient care.

3. Third stage : stage of acceptance

From the 6th to 11th day, namely the third stage, the patient showed signs of recovery, and the patient's family tried to accept his condition and to actively participate in his care.

Medical doctors informed the family of the patient's improved condition and recovery. His wife was then able to talk with her husband by herself and to cooperate with nurses in assisting them with rehabilitation programs for the patient.

Nursing support at the third stage was to elicit active cooperation from the patient's family in order to improve patient activity of daily life (ADL), Nursing plans were prepared to offer guidance to the family and have them assist the patient as much as possible.

Discussion

A model to describe the mental state of family members of a patient under critical condition has been proposed by Kuroda (1989). The process of coping with the critical situation is classified into three stages describing mental states: shock stage, stage of rejection and defensive regression, and stage of acceptance. Kuroda (1989) also proposed a crisis intervention model corresponding to each of three stages.

In the present case, the patient's wife and parents displayed these three stages of Kuroda's model (1989). However, their shock stage continued longer and was severer than average. In the case of the patient's brother and sister, there was no shock stage but avoidance and aggressive behaviors were observed. Such differences in behavior among the family members might be due to personality differences.

These circumstances showed the necessity of extending mental support tailored to meet individual needs and mental states. The shock displayed by the patient's wife and parents in this case was unusually strong.

The reasons of panic state for the family may have arisen from several factors. The first is that the family may not have considered bronchial asthma to be such a serious disease and may have expected the spasms to diminish in a short time. A second factor was that they seemed to have high expectations of the treatment at *CCMC* in comparison with the hospital in which the patient had previously been hospitalized. Thirdly, they were shocked when they saw the patient connected to various medical instruments such as *ECLA*. Thus they were afraid of the possibility that the

patient's condition was almost hopeless. The fourth reason was that they had insufficient knowledge on *status asthmaticus*, especially with respect to the prognosis given by the medical doctor. This could be remedied by having doctors give more information about the possibility of cure based on evidence-based medicine (Yamaguchi et al. 1996). Such information could offer the hope and reduce anxiety. The fifth factor was that the medical staff concentrated on the physical treatment of the patient and they paid little attention to the mental support for the family. Moreover, *CCMC* nurses had a little knowledge about the mental stages but insufficient support actions presented here. The sixth reason was that the family had no key-person or organizer among their members, therefore, relatives frequently and repeatedly tried to obtain information from the medical doctors and the information they obtained was very confusing.

Nurses at *CCMC* must cope with serious physical conditions of patients as well as with offering mental support to the family. Further, awareness and knowledge of such nursing support for the family of critically ill patients is necessary.

Acknowledgements

We would like to express our sincere appreciation to Professor Toshiaki Sakai, Rector of Aino Gakuin College, and Emeritus Professor Yoshio Masuda, Osaka City University for their valuable advice and encouragement in publishing this paper. Thanks are also due to Professor Judy Noguchi for her English editing work. We also thank the staff members of Osaka Mishima *CCMC* and Dr. A Fujiwara for their kind cooperation.

References

- Kuroda, Y. : Nursing support for the family members of the patient at critical stage of physical conditions (In Japanese). *Monthly nursing* 19 : 274-279, 1989
- Ueda, Y., Mori, M., Tazumi, R., Takeshita, H., Nakatani, S. : Mental support to the family members of a patient in status asthmaticus survived with the use of ECLA (In Japanese). *Emergency nursing* 6 (4) : 99, 1993
- Yamaguchi, T., Korogi, H., Ueda, Y., Kiba, Y., Urata, M., Ito, M., Tajima, K., Steltzer, H. : Endobronchial treatments made possible by extra-corporeal lung assist in a patient in status asthmaticus refractory to mechanical ventilation (in Japanese). *Nihon Kyobu Sikkai Gakkai Zasshi* 34 : 241-246, 1996

[症例報告]

気管支喘息重積発作患者の家族への精神的サポート

北角 洋子*, 里仲 むつみ**, 中谷 茂子**, 森田 大**

【要旨】 救急医療の現場において、今回われわれは気管支喘息重積発作の患者の身体的看護と、家族の精神的援助を行った。患者は30歳、男性、既婚、現在まで4回の気管支喘息重積発作のため入院し、その症状は薬物療法により改善された。今回の重積発作では、薬物療法が無効であったため、患者は救命救急センターに転院し、膜型人工肺による体外式肺補助循環を行った。その結果、薬物療法や人工呼吸器が有効にはたらき、発作は軽快した。救急センター転院時、医療者は患者の救命に全力をあげていたため、その家族に対する精神的援助は充分でなかった。ことに体外式肺補助循環装置使用後、家族は精神的ショックを受けていた。すなわち、妻および両親はパニック状態に陥り、兄姉は回避、怒りといった反応を示した。このように同じ家族成員間でも精神的反応に違いが見られた。これに対し看護婦は第1期(衝撃期)には家族を受容的態度でそっと静かに見守り、第2期(防御的退行期)には抑圧している感情を表出させるようにできるだけ家族に話しかけ、第3期(承認期)には、積極的に家族に対し、患者の身だしなみやリハビリの指導を行った。その後、患者の身体状況が改善されるにつれて、家族の精神的反応も改善され、患者の現状を理解できるようになり、最後は医療者に対して協力的な態度を示すようになった。このように、救急医療においては、患者の治療だけではなく患者の家族に対しても個別的精神的援助の必要性が示された。

キーワード： 気管支喘息重積発作、救命救急センター、家族、精神的危機、精神的援助

* 藍野学院短期大学
** 大阪三島救命救急センター