



School of Nursing and Health Sciences

# *Diaries for intensive care patients: the evidence*

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# *ICU Diaries*

- Why?
  - Lack of recall for factual events
  - Delusional and upsetting memories
  - Acute distress
    - Anxiety, posttraumatic stress symptoms
    - Depression
  - Challenges faced by patients during recovery
  - Link between ICU experience and subsequent psychological outcomes.

# *ICU Diaries*

- Developed in Scandinavia
- Primary purpose varies
  - Communication tool (Nair et al. 2015)
  - Patient recovery tool (Nair et al. 2015)
  - Family-centred strategy (Nair et al. 2015)
  - Providing individual or improved quality of care (Akerman et al. 2010)
  - Replacing memories
  - Debriefing (Combe, 2006)
- Premise is that patients want to know more about being in intensive care and that telling them is a good thing.
- Desire to help.

# Use and practice of patient diaries in Swedish intensive care units: a national survey

Eva Åkerman, Anett Granberg-Axéll, Anders Ersson, Bengt Fridlund and Ingegerd Bergbom

- Telephone interview n=85
- 75% used diaries
- 89% had guidelines
- Diary seen as patient's property
- Inconsistencies in:
  - Patient selection – defined patient group
  - Delivery – from ICU discharge to 2 months at follow-up clinic

# The extent and application of patient diaries in Danish ICUs in 2006

Ingrid Egerod, Kathrine Hvid Schwartz-Nielsen, Glennie Marie Hansen and Eva Lærkner

- Telephone interviews n=19
- 40% used diaries
- Inspiration – conferences/networking with other ICUs
- No formal criteria for patient selection or initiation –optional
- Some gained family consent others did not
- Standard format
- Confusing legal status
- Diary kept with patients – nurses did not know what happened to them.

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# Extent and application of ICU diaries in Germany in 2014

Peter Nydahl, Dirk Knueck and Ingrid Egerod

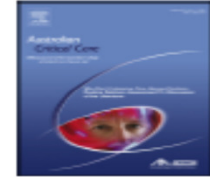
- Telephone interviews n=14
- Two German states n=152: 5% used diaries
- Individually driven often linked to further study
- No formal criteria for patient selection
- Tended to be a structured approach
- Handed over to patients when awake



Contents lists available at [ScienceDirect](#)

Australian Critical Care

journal homepage: [www.elsevier.com/locate/aucc](http://www.elsevier.com/locate/aucc)



Research paper

## The extent and application of patient diaries in Australian intensive care units: A national survey



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- On-line survey (n=194)
- 19% used diaries
- 70% hesitant
  - Lack of guidance / policy
  - Medico-legal issues

# *Summary*

- Format and method of delivery varies
- Generally structured
- Varied language and content
- Variable number of entries
- Photographs
- Nurse tend to initiative and keep
- Family members may contribute
- Legal and consent issues
- Ownership issues



**REVIEW**

# The use of diaries in psychological recovery from intensive care

Leanne M Aitken<sup>1,2\*</sup>, Janice Rattray<sup>3</sup>, Alastair Hull<sup>4</sup>, Justin A Kenardy<sup>5,6</sup>, Robyne Le Brocq<sup>5</sup> and Amanda J Ullman<sup>1</sup>

**JCN** *Journal of Clinical Nursing*

*Journal of*  
**Clinical Nursing**

ORIGINAL ARTICLE

**The use, prevalence and potential benefits of a diary as a therapeutic intervention/tool to aid recovery following critical illness in intensive care: a literature review**

Beverley A Ewens, Joyce M Hendricks and Deb Sundin

# *Studies*

- Mainly qualitative,
  - Small sample (4-19) and
  - Single centre studies
  - Self-selecting patients and families
  - Difficult to separate patient views from families
- Quantitative (RCTs, cohort)
  - Larger sample sizes (25-352)
  - Use of self-report measures - distress
  - Issues of 'dose' of intervention
  - Pre-ICU status
  - Effect of time

# *Findings*

- In general patients and relatives very positive.
  - Helped contextualise the prolonged recovery time.
  - Understanding helped patients ‘move on’
  - Improved patients’ understanding of relatives experiences.
  - Seem to have some beneficial effect on subsequent psychological outcomes for some patients.

# *Findings*

- Some patients do not read their diaries, and do not like the content.
  - ‘Readiness’
  - ‘Avoidant behaviour’
- Need to consider other evidence
  - Debriefing
  - Trauma memories
- Relatives
  - Positive and most are keen to contribute
  - Perhaps different ‘mechanisms’
  - ‘Written emotional disclosure’

# *Conclusions*

- Overall quality of evidence is low.
- However likely to be of benefit to a number of patients.
- Consider structure and format.
- Remember variable views about the desire to 'remember'.
- Need to identify patients:
  - Who want more information.
  - Who will benefit.
  - Who might be harmed.

# *Conclusions*

- Use as part of a larger 'package' of care.
  - Timing of delivery.
  - Support.
- Involve psychologists /psychiatrists.
- Further rigorous testing.



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*Thank you for listening*

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