

My journey with Covid 19-Pneumonia



6th
June
2020

11th
June

18th
June


2th
June

2nd
July

13th
August

18th of June

- 63 year old woman. A healthy Critical Care Nurse with no earlier medical history. Since one week a verified Covid 19 infection with fever and diarees.
- Now increasing respiratory failure and when the Ambulance arrived unconscious and had a saturation of 54% without Oxygen support. At the emergency ward a saturation of 83% with 25 l of Oxygen support with a mask, RR 50 and stable circulation. GCS 15
- Admitted to the ICU for continuous treatment. Started on High Flow Non Invasive support but after 20 ,minutes shows a decrease in Saturation, down to 70% and showing signs of hypoxemia with confusing. Decide to intubate.
- ***Plan – Cultures from blood, urine and trachea. Prescribe Antibiotics and Cortison, profylax dubbel dose of Heparin and a Pulmonary X-ray.***




Blod, urin eller annat provmaterial (Slutsvar)
Svaret skickat till på SÖS Medicinsk IVA
Provtagningsid: 2020-06-18 16:46

Kommentar om frågeställningen: Svar på beställning 491680

Om referensintervall i provsvar

Analys	Resultat	Referensintervall	Om provet
aB-A		10-20	
Saknar verifierad NPU-kod			
aB-Os			
Saknar verifierad NPU-kod			
aB-pH ABL/PNA		7,35-7,45	
Saknar verifierad NPU-kod			
aB-pCO2 ABL/PNA		5,0-6,0	
Saknar verifierad NPU-kod			
aB-pO2 ABL/PNA	6,2 kPa *	8,0-13,0	
Saknar verifierad NPU-kod			
aB-St.bik ABL/PNA	2,9 mmol/L *	22-27	
Saknar verifierad NPU-kod			
aB-FO2Hb ABL/PNA	81 % *	>93	
Saknar verifierad NPU-kod			



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Nastyword

Eva
We need to intubate
you



The Midsommer weekend and the week after

From my Patient diary

Saturday morning the 20th of June

Hello beautiful Eva

I got so sad when I came to work on Thursday evening and saw you laying here at my Intensive Care Unit. I'm in charge of another patient in the next room but I have been in to your room several times to check on you during the night. / A former ICU colleauge

Monday 6am the 22nd of June

Hello Eva

You have had a good nights sleep. We reduced the sedation yesterday and you show signs of reaction when we turn you around in bed./Birgitta och Monika

My condition deteriorated

From my Medical journal
The 23rd of June

Respiratory assessment shows inflammatory progress and increase of infiltrates.

Plan to increase sedation with Midazolam. Change to Pressure Control ,PEEP 13 and Recruitment on the ventilator, turned in to Proneposition ..



The prone position improved my respiration

Sunday the 28th of June 2020

From the Nurses Notes June 28th

Communication: Is awake and tries to communicate, but looks a bit troubled sometimes

Breathing : Have got some white mucose. The patient point to the tube when she needs suctioning.

Cirkulation: Very warm have changed the bed sheets a few times.

29th of June

From my medical journal June 29th

Are ready to be extubated.
No treatment limitations.

Neurologi: Fully awake can write words on a whiteboard.

Have a good deep cough. Has also good muscle strength in her legs but not in her arms. Extubated with oxygen support mask 9 l.

Cirkulation: Stable
Kidneyfunction good
Infection CRP 23 PCT 0,09

Recommendation:
Can have something to drink after lunch



Hugging hands and nods

After extubation
Fully adequate
Can move my legs
but not my arms
THIRSTY

Do you know what happend to you?



The nurse asked me if I knew what have happend to me?

She sat down by my bed and explained to me an my husband How I had arrived at the ICU. She said I was very sick when I came. She was very straight forward and didn't try to hide anything. I really appriciated her because of her honesty. She became one of my favourite nurses.

Support and treatment

- **PK/PS 100-30 % oxygen PEEP 10-13cm , low tidal volumes**
Prone position
- **Noradrenalin**
- **Remifentanil, Propofol, Catapressan, Midazolam continuously and as bolus**
- **Fragmin double dos to avoid trombis**
- **High Cortison dose**
- **Antacida for the stomach**

Calciumoxid

- **Movicol laxative**

- World Health Organization. (2020). *Clinical management of COVID-19: interim guidance, 27 May 2020* (No. WHO/2019-nCoV/clinical/2020.5). World Health Organization.
- Sterne, J. A., Murthy, S., Diaz, J. V., Slutsky, A. S., Villar, J., Angus, D. C., ... & Marshall, J. C. (2020). Association between administration of systemic corticosteroids and mortality among critically ill patients with COVID-19: a meta-analysis. *Jama*, 324(13), 1330-1341.



What I remember of my time when I was intubated and supported by invasive mechanical ventilation



Dr. Jessica explained: We were sitting down in an empty football stadium, and he came and sat next to me. Told me I was either going to be extubated or to have a tracheostomy on Monday. He asked if there was anything I wanted? I was trying to describe the water balls to him. But he didn't understand. Later, someone found them and wet my mouth. A lovely feeling.

Dr Jessica

Thursday 2nd of July

4 days after my extubation

- Fever

Cultures from blood , sputum and urine

reintubation

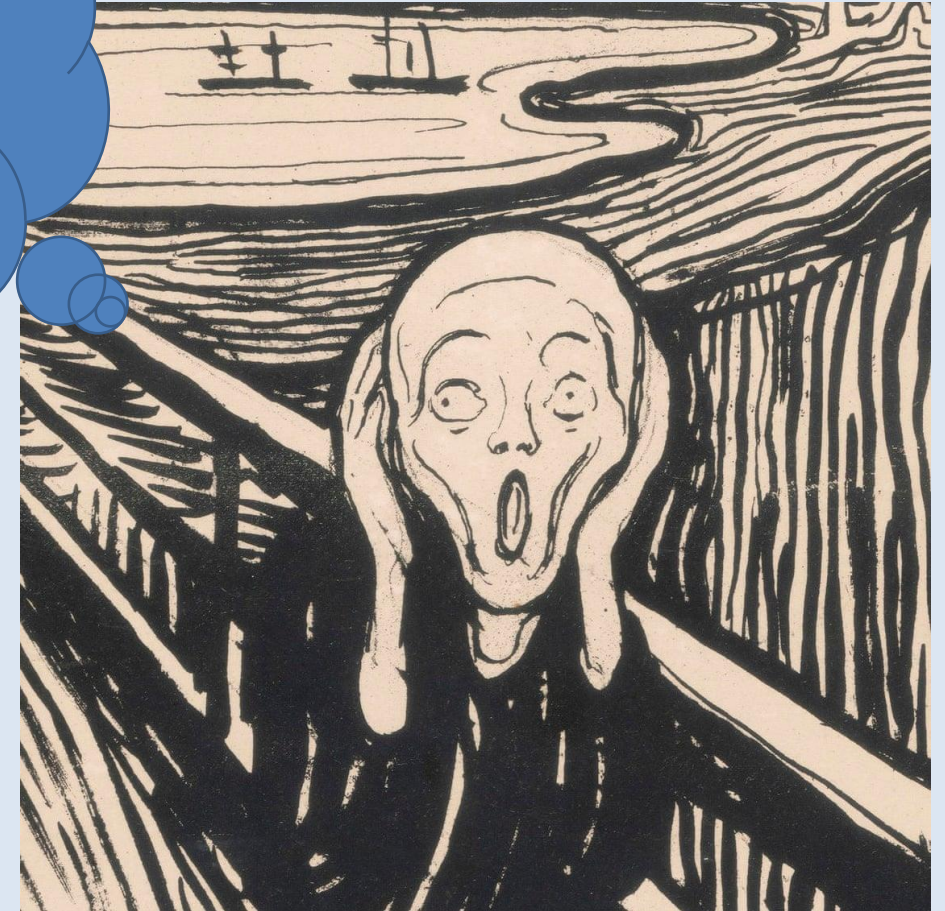
Gastric feeding tube removed,
parenteral nutrition











HFNV

NIV

AFRAID

E-coli in urine
Pudomonas in the
lungs
Growth of
bacteria in the
blood



Analys		Resultat * markerar resultat som
aB-AnjGap,K ABL/PNA Saknar verifierad NPU-kod	 	10,3 mmol/L
aB-Osm beräk ABL/PNA Saknar verifierad NPU-kod	 	282,4 mmol/kg
aB-pH ABL/PNA Saknar verifierad NPU-kod	 	7,46 *
aB-pCO2 ABL/PNA Saknar verifierad NPU-kod	 	5,1 kPa
aB-pO2 ABL/PNA Saknar verifierad NPU-kod	 	7,8 kPa *

100% Oxygen
support

Support, treatment and care

- NIV, HFNC, Reservoir mask Oximask and Oxygen cannula

Sedation Dextor, and Zopiclone and Benzodiazepam to be able to sleep

Fragmin double dose to avoid trombosis

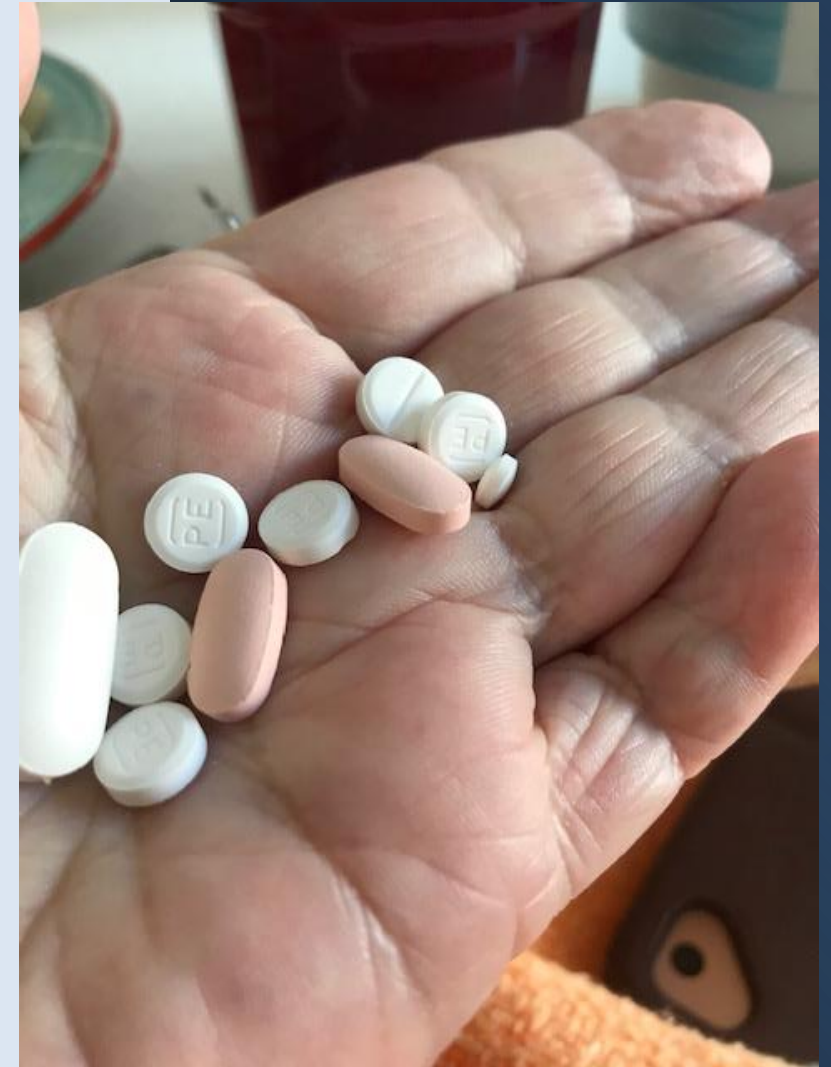
High dose Cortisone

Antibiotics

Losec

Calciumoxid

Movicol



From 0 to 105 tablets per week.

Friday 3th of July

From my patient diary

Today have you been able to use HFNC for a few hours. If you do not talk too much. You wanted to try prone position which helped the oxygenation but then you had a hard time to get on your back and needed NIV again.

From my own diary the same day

Feeling a little better. Tactic: NIV and HFNC, No movement of my own. Job prohibition as the doctor put it. Got help from the staff with every movement.

High risk of reintubation- Don't want to! Have got this thought in my head that I'm going to die if they reintubate me. Really felt the lack of oxygen when I turned myself back from the prone position. Terrible , panicked. It took me a long time to breath normal again. Was feeling sad.

.

Treatment and care

- **Personal hygiene: I was allowed to decide when. The Toothbrush trick.**

Information and participation

Relatives

**Social interaction, Recreation,
Mobilization/Training**

The Nearest: The important daily call from the doctor

18th June
I got a shock.

Daughter

I got daily calls
from my dad.

Son

24th June
You are where you
are, we hope and
are longing for
word from your
doctors.

My sister

Have you heard
any result of the
pulmonary x-ray

28th June
I went to lunch with your
beloved husband.
We've cried a lot of tears
mostly apart, but sometimes
our voice breaks when we
talk.

I much the same as
last week.
Unaltered infiltrates

Husband

There was nothing I
could do. I went
home and sat in the
armchair and stared
straight ahead.

Information

- As a patient was, I involved in all decisions about my continued planning, treatment and care something I appreciated.

Daily calls every day from the treating doctor to the husband. A conversation he wrote notes from..

My daughter kept in touch with my work place

Afterwards felt it very good that my family had shared my condition with my work place

Visits and Friends

- **Incredibly valuable**

My husband was allowed into the ICU on day 3 and according to him he became more relaxed and it helped him to cope with the situation

After I was extubated, I got a visit from him or my sister, best friend or other friends twice a day. Something I looked forward to. It became something to relate to in the daily routine. To rest before the visit so I could have Oximask or HFNV when they were there.

I'm sure they were important to my recovery.

To cope with the situation

The of 8th July

Woke up after a miserable night. Lungs completely exhausted. They need to be inflated. I struggled with NIV during the night but couldn't rest.

Dextor comes on after the morning round and I sleep until 1 p.m.

Apparently sent text messages to my husband about coming later. I don't remember. I guess the brain had oxygen deprivation. I gasps for air,

There's no escape. I wouldn't get far. Not even 10 feet.

Emotional Caos

13th of July

Came up to the edge of the bed on my own. Price 82% with 60% oxygen. Otherwise, I'll feel better. Thinking a lot about what could have happened. That I could have died at home. There wasn't much margin.

When they sedated and intubated me, I said two things one my daughter's mobile number and two – the F-word. I was fully aware of the risk of not waking up again. Scary to be so conscious and still be so lost and unaware

I learned to rest and shut down
Allowed me to be sad
Used good memories
and Mindfulness when my mind got too close to what I
didn't want to process.
The worst was when the darkness came in the evening.
You can't stop your thoughts
they're flying in.

Mobilization /Training

**July 10th, hospital day 21,
Sleep 5 hours during the night. Totally knocked out.
Woke up it felt really good. Could spin myself in bed
without too much effort.**

**July 17th, hospital day 28
Stood up with the help of walkers but could not
move the heel. Two legs that belong to my body
but they don't obey me. A Strange feeling
because I move my legs the way I want in bed.
Difficult to understand.**

**July 19th
I'm about to leave the ICU. I'm glad
I can walk 2 steps and sit in a
wheelchair. Slowly but surely on the
way back**

**At the Infection Ward July 21st
Pulse 111 Sao2 83% and 12 liters of oxygen. A
bit hard to breath.
The physiotherapist came and I walked 24
steps back and forth in the room with the help
of a walker. A Marathon race**

**A constant feeling
of lack of oxygen**

**What you see as Health
Care person
is not always what the
patient is experience!**

**July 23rd, 33 days since I arrived
in the Emergency ward**

From my medical journal

Post-covid rehab. SAT 96 %, reduced oxygen level down to 2 l/minute on Face Mask.

Notes from my own diary the same day

I am worried maybe the lungs are worse than what we can see in x-rays? I can not breath without oxygen support. How do my lungs look like?

Have they enough experience with some one like me? 3,5 week since I was extubated and still in need of oxygen support. I lost the mask a short while when I took a nap yesterday. When I woke up I had a saturation of 73%.

Feel a bit sad. Got annoyed with one of the nurses who said that i had a fixation with oxygen. She did not understand that I need oxygen and also have to increase liter/ minutes when I do something exhausting like move myself from bed to the wheelchair.

Patience Eva. They do not understand. They have never felt the lack of oxygen the way you do.

On the Infection ward 28th of July

41 days in hospital.

My body's need for oxygen is causing a problem, but I was told that Stockholm Nursing Home can receive me tomorrow

I was transferred to Stockholm Nursing Home the next day for rehabilitation and stayed there for 13 days.

Recreation

- Hair wash/Shower

Getting out to sit on the balcony

Visit

On leave from hospital

IPAD/mobile

Dining in a restaurant

Patients

Staff





13th of August 2020

was I discharged from Stockholm Nursing Home.

I spent 56 days in hospital.

My training during autumn 2020

Physiotherapy with gym training 2gr/week

**Wheelchair/walker/ walk om your own from 40 m- 240 m
(October)**

Using an electric bike and exercise at least twice a day

**Started working 2h a day 1 October 2020/ full time from
March 2021**

Continued follow-up via primary care and SÖS MIVA

***Heart Echo x3 , Spirometrix 3, CT lungs, MRI heart,
Samples, Walking test, Ear doctor***



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- Thank you for listening
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