

Keeping patients orientated in critical care is a challenge- we can help by introducing ourselves using this six part introduction:

- **1. My Name is:**
- **2. I am a (Role):**
- **3. It's (Day, Date and Time):**
- **4. You're in (Hospital, unit):**
- **5. Because:**
- **6. Do you have any questions?**



I've been unconscious for I don't know how long- I don't even know I've been unconscious, I don't know where I am. I think there are people looking after me but they are all dressed the same so I don't know who they are. I don't have a clue where I am or why I'm here- HELP!



Please
turn over
page

Specific situations: The patient who seems to be unconscious

The patient is not going to be able to respond to you but you cannot be sure that they won't hear what you are saying. We know that many patients who are unconscious can hear what's said to them because that's what they tell us when they come back to the follow up clinic- even those patients who don't tell us this may have been able to hear but just don't remember it. In any case introducing yourself to the patient reminds you that they are a real person and should help you in delivering care.

CLEARLY THERE IS NO POINT IN ASKING IF THEY HAVE ANY QUESTIONS



The patient who is awake:

The patient may have met you before but you should still introduce yourself and your role- there are a lot of people to remember, and the critical illness may make patients forgetful.

The patient may already know the day and where they are and might find it a bit annoying to be told again- you could check first- ‘do you know what the day is and the time?’, ‘do you know where you are and why you are here?’ .

This would also help you establish how well orientated the patient is. They will often still want to have the opportunity to ask questions.

