20 Questions to Ask Your ICU Team

And How to Understand the Answers

You don't need to ask all 20 questions. This guide is organized by category so you can focus on what matters most right now. Start with Section A (The Big Picture), then move to the section most relevant to your situation. Keep this guide with you during ICU visits.

💛 **A note before you begin:** Having a loved one in the ICU is one of the hardest things a family can go through. It's okay to feel overwhelmed, scared, or confused. Asking questions isn't bothering the team — it's part of good care. You are your loved one's advocate.

Section A: The Big Picture (Ask These First)

1 "What is the main problem you're treating right now?"

ICU patients often have multiple issues. This question identifies the **primary driver** — the one thing that, if it gets better, means everything gets better.

> **Follow-up:** "Are there other problems you're watching that could become the main issue?"

2 "Is my loved one getting better, staying the same, or getting worse?"

Doctors speak in medical jargon. This cuts through it. If the answer is "it's complicated," ask: *"If you had to choose one of those three, which is closest?"* You deserve a straight answer.

> **Understand the answer:** "Stable" doesn't mean "fine" — it means "not actively declining." In ICU context, stable can be good news.

3 "What does the next 24-48 hours look like?"

Asking about the long-term plan is natural but often unanswerable in the ICU. Short timeframes give you more reliable information. The team plans in 12-48 hour windows.

> **Follow-up:** "What would be a good sign in the next day? What would worry you?"

4 "What are the most important numbers on the monitor, and what do they mean?"

You'll sit by the bedside watching numbers change. Understanding even 3 key numbers (heart rate, blood pressure, oxygen saturation) gives you a sense of control and reduces anxiety.

> **Ask specifically:** "What number would make you concerned if it changed?"

5 "Who is in charge of my loved one's care today?"

ICU care involves many people: attending physicians, fellows, residents, nurses, respiratory therapists, pharmacists. There is always one attending physician ultimately responsible. Know who that person is and when they round (visit the patient).

> **Follow-up:** "What time do you round, and can I be here for it?"

Section B: Understanding Treatment

6 "Can you explain each tube, line, and machine — what it does and why it's there?"

Seeing your loved one connected to machines is frightening. Understanding what each one does reduces fear. Common equipment: ventilator (breathing machine), IV pumps (medication delivery), arterial line (continuous blood pressure), central line (large IV for medications), Foley catheter (urine output monitoring).

7 "What medications are they receiving, and what is each one for?"

ICU patients can be on 10+ medications simultaneously. You don't need to memorize them all, but understanding the categories helps: sedatives (comfort), vasopressors (blood pressure support), antibiotics (infection), pain medication.

> **Key follow-up:** "Are any of these temporary, or will they need to continue long-term?"

8 "What are the side effects or risks of the current treatment?"

Every ICU intervention involves trade-offs. Ventilators can cause lung injury over time. Blood pressure medications can reduce blood flow to extremities. You have the right to understand these trade-offs.

9 "Are there other treatment options? Why was this one chosen?"

This isn't questioning the team's competence — it's informed advocacy. In complex ICU cases, there are often legitimate alternative approaches. Understanding why this path was chosen helps you participate in decisions.

10 "Is my loved one in pain? How do you know?"

Sedated or unconscious patients can't report pain. ICU teams use behavioral pain scales (facial grimacing, movement, ventilator fighting). Ask how they're assessing pain and how they're treating it. Comfort is always a priority.

Section C: Looking Ahead

11 "What needs to happen before they can leave the ICU?"

This gives you milestones to track. Common ones: breathing without a ventilator, stable blood pressure without medication support, infection under control, mental status improvement.

> **Follow-up:** "How many of those milestones have been met so far?"

12 "What is the best realistic outcome? What is the worst?"

This is a hard question to ask and a hard question for doctors to answer. But it's essential for making informed decisions. Ask for honesty, and give the team permission to be direct.

13 "Will they need rehabilitation after the ICU? What kind?"

ICU stays often involve significant recovery — physical therapy, occupational therapy, speech therapy, and sometimes long-term acute care facilities. Early planning leads to better outcomes.

Section D: Your Role as Family

14 "Can they hear me? Should I talk to them?"

Yes — talk to them. There is evidence that hearing is one of the last senses to diminish, even under sedation. Familiar voices can reduce agitation and may support recovery. Talk normally. Hold their hand. Tell them what's happening outside the hospital.

15 "Is there anything I can do to help their care?"

Families can play an active role: bringing familiar music (earbuds), photos, or comfort items; helping with orientation ("It's Tuesday, you're at General Hospital"); participating in physical therapy sessions; providing emotional reassurance.

16 "What should I do if I notice something that worries me?"

You know your loved one better than anyone. If something looks different — a change in color, breathing, movement, or responsiveness — tell the nurse immediately. You're not being a bother. You're being an extra set of eyes.

17 "Is there a social worker, chaplain, or family support person I can speak with?"

Most ICUs have support services for families. Social workers can help with insurance, logistics, and emotional support. Chaplains serve people of all faiths (or no faith). Use these resources — they exist for you.

Section E: Difficult Conversations

18 "If their condition doesn't improve, what are our options?"

This opens the door to goals-of-care conversations. It's not giving up — it's being prepared. Options may include continuing current treatment, escalating treatment, transitioning to comfort-focused care, or establishing specific time-limited trials.

19 "Did my loved one ever express wishes about life-sustaining treatment?"

If your loved one has an advance directive or living will, share it with the team immediately. If not, think about conversations you've had. What would THEY want? This is about honoring their values, not yours.

20 "Can we have a family meeting with the full care team?"

If you have multiple family members, conflicting information, or major decisions ahead, request a formal family meeting. This gathers the key decision-makers (medical and family) in one room for a focused conversation. You have the right to request this at any time.

Practical Tips for ICU Visits

> 💡 **Keep a Notebook**
> Write down questions before you visit. Write down answers during. ICU stress makes it hard to remember what was said. A notebook is your best tool.

- **Designate one family spokesperson.** The team can give better information when communicating with one consistent person who then relays to the family.
- **Ask questions during rounds** (usually morning). That's when the full team is present and decisions are being made.
- **Know the nurse's name.** Your ICU nurse is your most important ally — they're at the bedside constantly. Build that relationship.
- **It's okay to ask for something to be repeated or explained differently.** "I didn't understand that — can you explain it without medical terms?"
- **Take care of yourself.** Eat. Sleep. Leave the hospital sometimes. You can't advocate effectively if you're exhausted.
- **You don't have to make decisions immediately.** Unless it's an emergency, ask: "Do we need to decide right now, or can we take some time?"

Understanding Common ICU Terms

You'll Hear	It Means
"Hemodynamically stable"	Heart and blood pressure are working adequately right now
"On pressors"	Receiving medication to keep blood pressure up (the body can't do it alone right now)
"Weaning the vent"	Gradually reducing breathing machine support to see if they can breathe on their own
"Sedation vacation"	Temporarily reducing sedation to assess brain function — can look distressing but is important
"Guarded prognosis"	The outcome is uncertain — could go either way
"Comfort care" / "Palliative"	Focusing on comfort and quality of life rather than curing the underlying disease
"Code status"	What the team should do if the heart stops (full resuscitation, limited interventions, or natural death)

You're not alone in this. Visit **icu-family-question-coach.wedgekit.com** for an interactive tool that helps you prepare for your next ICU visit with personalized questions based on your loved one's specific situation.
