

Hali Felt

ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS)



I was 32 years old when I got the flu, pneumonia, and ARDS and was put into a week-long induced coma after two sternotomies. As I woke up, I remember someone saying my name and asking me to lift my hands off the bed. The next time I woke someone asked me to wiggle my toes, and the time after that I was able to open my eyes. Then began the ICU delirium. During that period, I was certain a sign taped to the door of my room announced I was DNR, that HGTV's Property Brothers (on the tv in my room) were holding a telethon to keep my life support machines on, and that the haze I saw during a breathing treatment was a toxic gas meant to kill me.

Before I got sick, I was an assistant professor of creative writing, working hard on my second book as well as a magazine article about the ways women's bodies have been historically neglected in scientific research. While I've spent my entire career communicating scientific information to the general public, I'm still trying to figure out how to convey what I experienced during my month in the ICU.

My recovery didn't end when I was discharged. I hadn't realized how my pre-existing—but managed—PTSD could be triggered by a well-meaning doctor or nurse who didn't explain what they were doing to my body. When I was diagnosed with post intensive care syndrome (PICS), which can include memory, processing, and

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executive functioning problems, I felt a strange sense of relief. I wasn’t imagining these decreased abilities. I wasn’t imagining how easily my sympathetic nervous system can be activated by mundane things associated with my hospitalization: the smell of bleached sheets, or a yoga instructor telling me to wiggle my toes. How simple things like planning a lecture, remembering what I wrote 10 minutes ago, or listening and taking notes during a meeting can wipe out all the mental energy I have for the day. Unfortunately, while there are ways to prevent PICS, there’s not much that can be done once it exists.

It’s unclear whether I’ll be able to return to full-time work, but I’m already turning my insights into action. I’m writing a book about critical illness and its aftermath. I’m also serving on SCCM’s Thrive Task Force to create a pilot study that will examine how training ICU staff members to deliver trauma-informed care affects outcomes. I’m also working on a program that would bring professional writers into hospitals to help patients and their families craft narratives about their experiences. I wouldn’t have chosen to get ARDS. But there’s a part of me that can be glad that I did, and that I still have the ability to write, giving voice to the millions of other survivors who have been disabled by critical illness. ■

Acute Respiratory Distress Syndrome (ARDS)

Acute Respiratory Distress Syndrome (ARDS) is a life threatening problem in which the lungs are severely injured. Inflammation (swelling) occurs throughout the lungs. In the lung tissue tiny blood vessels leak fluid and the air sacs (alveoli) collapse or fill with fluid. This fluid buildup keeps the lungs from working well. People with ARDS generally have one or more of the following symptoms:

- Shortness of breath.
- Cough (often with white or pink frothy sputum).
- Fatigue.
- Fever.
- Abdominal pain (in pancreatitis).

Learn more: ATS Patient Education Series. "What is Acute Respiratory Distress Syndrome?" New York, NY. www.thoracic.org/patients/patient-resources/resources/acute-respiratory-distress-syndrome.pdf