

Ralph Gervasio Jr.

ACUTE RESPIRATORY DISTRESS SYNDROME (CRITICAL CARE)



I was a 66 year-old special operations Vietnam combat veteran, and strength and conditioning athlete, when I was admitted to the Nashville VA with acute respiratory failure. During my stay in the MICU, I remained intubated and ventilated for 17 days. I received dozens of necessary procedures, and had last rites administered. I had never been in-patient in my entire life, and I was in one hell of a mess!

One of my doctors promoted early mobility when others thought it too dangerous and risky, as a result of a casual conversation she initiated about my hobbies. I wrote my responses, and she honed in on my commitment to a lifestyle of superior physical fitness. My nurses and others gathered twice a day to walk with me, lap after lap, until I was finally extubated dozens of laps and many days later.

I had survived.

I was wheeled—cannula in nose and tank in tow—to a shared room to begin my recovery.

While in the ICU, I had been deeply sedated while intubated and ventilated. Looking back at my ICU Diary, to which doctors, nurses, and others had

Ralph Gervasio was a patient speaker at the ATS 2019 International Conference in Dallas, TX.

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contributed, I deduced that at one point I had been resuscitated. They helped me understand my short-term memory loss, which can happen due to delirium in the ICU. I was unaware of any cognitive issues until my wife asked me something one morning. I answered her precisely and with the right words, but my words were not in the right order!

That June, I attended my first ICU Recovery Group meeting, held in a small room across from the actual MICU. It evoked an unrealistic stress. Would they see me and take me back in the Unit? I was nervous, but forced myself to attend. I have been attending ever since.

After nearly a year, I started giving back. I visited other post-ICU vets, and I spoke to family members regarding delirium, and confusion. I give more credit to the ICU Recovery Group for my overall healing than any physical aspect of recovery and reintegration.

Since my MICU experience, I have not had a single bad memory, dream or nightmare about my critical care experience, and I attribute that to my volunteering.

Today, I watch Wheel of Fortune with my wife to try and solve puzzles, and my speech is mostly in the correct order. I still have memory impairments and sometimes confuse one event with another, but that is a very small price to pay for being alive and otherwise well! God’s infinite grace and mercy blessed me with the best care imaginable. I am a better person for the total ICU experience. ■

Acute Respiratory Distress Syndrome 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 Information Series. “What is Acute Respiratory Distress Syndrome?” New York, NY.

www.thoracic.org/patients/patient-resources/resources/acute-respiratory-distress-syndrome.pdf