

## Care in the Intensive Care Unit (ICU)

Yarmouth Regional Hospital

**Intensive Care Unit (ICU):**  
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# Care in the Intensive Care Unit (ICU)

- This pamphlet includes information about the Intensive Care Unit (ICU), and what to expect when your family member or loved one is admitted to the ICU.
- We encourage you to keep a journal of your family or loved one's ICU stay or illness. This can help both you and the patient. There is space at the end of this pamphlet for you to write down any questions you may have.

## Your rights and responsibilities

- **You are the most important member of your health care team.**
- It is important that everyone who visits the ICU understands the rights and responsibilities of Nova Scotia Health patients.
- Please see pamphlet 0466, *Your Rights and Responsibilities*, for information on quality care, dignity and respect, your health care, privacy, and uninsured services.
- To view the pamphlet, use the link or the QR code below, or ask a member of your health care team.
  - › [www.nshealth.ca/patient-education-resources/0466](http://www.nshealth.ca/patient-education-resources/0466)

Scan the QR code on your smartphone (open the camera on your smartphone, point the camera at the code, and tap the banner or border that appears).



## Family spokesperson

- When you are admitted to the ICU, we will ask you to name a spokesperson. This is often your **Substitute Decision Maker** (SDM), but it does not have to be. For more information about a SDM, please see page 8.
- Your spokesperson will be the main person to talk with your health care team about your condition and plan of care. They will help share news with your other loved ones and support persons.
- Having a spokesperson helps to limit the times the team is asked interrupted when caring for patients. This helps lower the number of phone calls to the unit and avoids having to repeat the same information to different people.

## Visiting the ICU

- Family and loved ones are central to patients' lives. We will work with you to help make sure your loved one is supported during this time.
- We may limit the number of visitors at the bedside at a given time.
- We ask that visitors **do not** visit or call the unit when the nurses are changing shifts (**6:30 to 8 a.m. and from 6:30 to 8 p.m.**).
  - › This allows the nurses to give important updates to on-coming staff, and gives them time to review the patient's chart and do a full assessment (check). This helps make sure any changes in health are noted and interruptions to care are avoided.
  - › This also helps to protect patient privacy.
- Sometimes visiting is restricted because of:
  - › Bedside rounds
  - or
  - › Patient procedures. If another patient is having a procedure, we may need to ask visitors to leave for privacy reasons.

## Infection risks

- Sometimes, visiting may be restricted due to the risk of infection. This will be decided with the advice of Infection Control and Prevention staff.

Your loved ones and support persons should **not** visit the ICU if they are sick. People in the ICU are at a high risk of infection.

- **For safety, all visitors must clean their hands or use hand sanitizer before entering and leaving the ICU.**
  - › Soap and water are best if your hands look dirty and for preventing some types of illness.
- **All visitors must follow the health care team's instructions about cleaning their hands and wearing gloves, gowns, or masks when visiting.** Please refer to posted signs and ask questions if you are not sure.



## Visiting with children

Please check with the nurse before bringing children into the ICU.

## Photos

To protect the privacy of everyone, please talk to the nurse before taking any photos, videos, or audio recordings.

## Family (and support person) room

- The ICU has a family room. It is directly outside the ICU.
- The waiting room has:
  - › Seating that can also be used as a lounge bed
  - › A TV
  - › A coffee machine
- We ask that you please limit the number of visitors using the room to 2 people for each patient, when possible. This prevents overcrowding.
- While using this room you may hear about other people admitted to the ICU.  
**If you learn information about another person, please respect their privacy and do not repeat the information.**
- Please respect the space and use the garbage and recycle bins.
  - › If you see the garbage needs emptying or the room needs cleaning, please tell the unit clerk.

## Who is on my health care team?

- You will be cared for by a team. This includes people who are involved in your care each day, and people who are consulted or involved as needed. **You and your family and/or loved ones are an important member of the team.**
- One of the care providers involved in daily care is a registered nurse (RN). There is an RN on the unit 24 hours a day.
- The lead doctor is a specially trained ICU doctor called an **intensivist** (intensive care doctor). Other doctors, including surgeons, support your care and ICU team as needed.
- Other members of the team include:
  - › Care team assistant (CTA)
  - › Dietitian
  - › Pharmacist
  - › Physiotherapist (PT)
  - › Respiratory therapist (RT)
  - › Social worker
  - › Spiritual care worker
  - › Unit clerk
- Every day, the health care team meet will meet at your bedside to go over your progress and plan of care. This is called **rounds**. It gives you and your loved ones the chance to talk with your health care team.
- Rounds start around 8 a.m. and can last until early afternoon.
- **We recommend that your SDM (see page 8), main support person, or spokesperson attend.**
- Tell the nurse if you or your loved ones and support persons would like to have a private conversation, or more time to ask questions. They can help you arrange a family conference at a time that works for everyone.

# What to expect

- While you are in the ICU, you may have a lot of equipment, not look like your usual self, and feel drowsy or not be able to talk. This may be because of the medications you are taking to keep you comfortable.
- You are not alone. Your loved ones and support persons will talk to you, and your health care team is here for you. Please tell us if you have any concerns.

## Lines, monitors, and alarms

You may be connected to intravenous (I.V.) lines and monitors. These help us assess your health and changes to your care needs. The ICU is noisy and there may be a lot of alarms. This is normal. The health care team is trained to know which alarms need action and which do not.

### Heart monitor

- A heart monitor helps us keep a close watch on important information (like your heart rhythm).

### Arterial line

- An arterial line helps us watch your blood pressure and get blood samples without using a needle each time.

### Oxygen saturation monitor

- An oxygen saturation monitor helps us check the amount of oxygen in your body.

## Medical care and equipment

Your care will be based on your needs. Most people will have:

- **Routine tests:** These may include blood tests and chest X-rays.
- **Medications:** These are often given by a pump that delivers them into your vein, or through a tube that delivers them into your stomach (belly).
- **Feeding tube:** This is a tube that passes through your nose or mouth into your stomach. This tube can be used to give medications or liquid food, or to help keep your stomach empty, depending on your needs.



Infusion pump

- **Mechanical ventilation (breathing machine):** This machine helps you breathe by delivering breaths through: An endotracheal tube (a tube that passes through your mouth into your windpipe)  
or
- **A tracheostomy tube** (a tube that passes through a small opening in your neck into your windpipe)
  - › If you have a breathing machine: You cannot talk. If you are awake, your health care team can often tell what you are trying to say by watching your lips, or you can write messages.
  - › You will need suctioning. This helps remove secretions (mucus) from your breathing tube.
- **Mobilization (moving):** Mobilization is an important part of your care. The sooner you get moving, the better it is for your healing. Moving also prevents pressure injuries. A physiotherapist will support you to get moving right away. They will assess you to help your health care team decide:
  - › how active you can be.
  - › what your health care team can do to help get you moving.

A member of your health care team may move your arms and legs or help you get out of bed.





## Keeping you safe and comfortable

### Delirium

- This is a type of confusion often seen in people in the ICU. To lower the risk of delirium, your health care team will:
  - › get you moving as soon as possible.
  - › lower the dose (amount) of your calming medications (if possible).
  - › limit checks at night (when possible) to let you get a better sleep.
- You may have a higher risk of delirium if you:
  - › take over-the-counter medications (including vitamins and herbal products).
  - › use drugs and/or alcohol.

Please be sure to share this information with your health care team. **This information will be kept private.**

- Your loved ones and support persons can help you by:
  - › Talking with you clearly and simply. They can reassure you and tell you where you are and what is going on.
  - › Helping us get to know you. They can tell your health care team things like what name you prefer, if you have hearing problems, if you wear hearing aids or glasses, and what your usual sleep habits are.
  - › Talking with the nurse before removing wrist restraints, if you are wearing them.

### Pressure injuries (bedsores)

- This is an injury that happens when there is ongoing pressure on your skin and tissue. The skin and tissue break down, causing what is commonly called a bedsore.
- **People in the ICU are at a high risk for bedsores.** Some of the things we do to lower your risk are:
  - › Check your skin often
  - › Reposition (move) or turn you often
  - › Use a bed with a special surface to lower pressure on your skin
  - › Keep your skin clean and dry
  - › Give the right nutrition for your needs
  - › Get you moving as soon as possible
- **If you see a bedsore on your loved one, please tell a member of the health care team right away.**

## Blood clots

- Blood naturally clots (clumps together) to heal your body. **If an abnormal clot forms, it can cause death.** Abnormal clots can happen to anyone, but they are more common in people who:
  - › Are very sick
  - › Have had surgery
  - › Do not move a lot
- To lower the risk of abnormal clots, we:
  - › will give you medications.
  - › may give you special stockings to help lower the chance of a clot forming in your legs.
  - › get you moving as soon as it is safe.
- For more information, please use the QR code or the link below, or ask a member of your health care team for pamphlet 1542, *Preventing Blood Clots While in the Hospital*:
  - › [www.nshealth.ca/patient-education-resources/1542](http://www.nshealth.ca/patient-education-resources/1542)
- Tell the nurse if you or your loved ones and support persons would like to have a private conversation, or more time to ask questions. They can help you arrange a family conference at a time that works for everyone.



## Substitute Decision-Maker (SDM)

- Sometimes a person is not able to make decisions about their own health care.
- This may be because they are very sick or have been seriously injured. When this happens, another person is asked to make health care decisions for them. This person is called a **substitute decision-maker** (SDM).
- You may have questions about what an SDM does and how to decide who should be your SDM. Please feel free to ask your health care team any questions you may have.
- For more information, please use the QR code or the link below, or ask a member of your health care team for pamphlet 2327, *Making Health Care Decisions for Someone Else: Acting as a Substitute Decision-Maker (SDM)*:
  - › [www.nshealth.ca/patient-education-resources/2327](http://www.nshealth.ca/patient-education-resources/2327)



## When your loved one is in the ICU

- **It is important that you look after yourself during times of stress.** Other people who have gone through this experience suggest:
  - › Try to eat regular, healthy meals.
  - › Recognize that you need rest.
  - › Take breaks from the ICU. For example, go for a walk or take a break in the waiting room.
  - › If you take medication, keep your usual schedule.
  - › Talk with others about how you are feeling.

## Common questions

### Do I need to pay for visitor parking at the hospital?

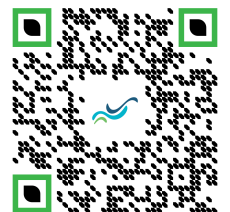
- No. Visitor parking at the hospital is free.

### Can my family or loved ones sleep at the hospital?

- The family room seating can be pulled out into sleeping furniture. Please ask a nurse for a blanket if needed. Space is limited.
- We can also give you a list of places to stay that are close to the hospital.

### Where can I find more patient and family information?

- Please ask the unit clerk to help you find more information. You may also find patient education resources online by using the QR code or the link below:
  - › [www.nshealth.ca/patient-education-resources](http://www.nshealth.ca/patient-education-resources)



### Are interpreter services available?

- Yes. Please tell a member of your health care team if you or your support persons need an interpreter. This service is **free**.

## **Who can I talk to if I have concerns or want to give feedback?**

- We are committed to providing you with the best care possible. If you have a concern, talk with a member of your health care team or contact Patient Relations:
  - › Phone (toll-free): 1-844-884-4177
  - › Email: [WZpatientrelations@nshealth.ca](mailto:WZpatientrelations@nshealth.ca)

Thank you in advance for sharing your thoughts with us.

## **After you leave the ICU**

- The Intensive Care Unit (ICU) cares for patients who are critically ill. This means you need more care than can be provided on general units or intermediate care units. When you no longer need this level of care, you will be transferred out of the ICU.
- Whether you are transferred to another nursing unit or to another health care site, transferring out of the ICU is a major step towards recovery. The ICU health care team will decide when you are ready to be transferred out of the ICU. Please talk with your care team if you have questions about this.
- The information in this section will help you and your family with the transition out of the ICU. It will also give some general information about recovering from a critical illness.

## **Transferring out of the ICU**

- Before you leave the ICU, the ICU staff will give a detailed report to the staff on the new unit about your condition and care.
- Other units will have different nursing staff levels and equipment than the ICU. On your new unit:
  - › Nurses will be caring for more than 1 patient at a time. You will have a call bell if you need to call a nurse.
  - › You will continue to receive care from other team members (like respiratory therapists, social workers, physiotherapists, and spiritual care), as needed.

## Recovery from critical illness

- Each person's recovery from critical illness is different. Recovery takes time and depends on:
  - › Your level of health before your current illness
  - › How severe (bad) your current illness is
  - › What medications you have been taking during your illness
  - › Your personal goals for recovery

## Common problems after a critical illness

### Memory problems

- Your illness and the medications you had may cause your memories (especially of your ICU stay) to be foggy, or you may have no memories of your ICU stay at all. Your loved ones and support persons can help you 'fill in the blanks' about this time.

### Sleep

- After a critical illness, it is normal to have trouble sleeping. It may be hard to fall asleep. You may wake up often during the night. You may have nightmares about your time in the ICU. This can be scary, and may continue after you go home. Please talk with your health care team about this.

### Depression and/or anxiety

- Critical illness causes both physical and mental stress. It is normal to have some or all of these feelings:
  - › Tiredness
  - › Low energy
  - › Apathy (not caring)
  - › Anger, quick temper
  - › Moodiness
  - › Upset, sad, tearful
  - › Scared, fearful
  - › Worried or anxious about your illness, recovery, family, relationships, or job
  - › Not hungry or eating more than usual
- These feelings are normal. They should get better over time. **It is important to talk about these feelings and concerns with your health care team, and ask for help if needed.** Treatments like counselling or medications may help. Keeping a journal or diary may help you focus on personal successes.

## Breathing

- People often find their breathing is not as good as before their illness. Your health care team will monitor this. You may need medication to help their breathing. The respiratory therapists and physiotherapists can also give you exercises to strengthen and improve your breathing. Your voice may sound raspy after being on a breathing machine. This usually goes away over time.

## Weakness and pain

- Weakness and feeling tired is normal after a critical illness. Your arms and legs may ache and feel heavy, your joints may feel stiff, and your muscles may feel weaker than before your illness.
- You may also have pain. This can happen for many reasons. The pain may have been there before your illness, or it may be caused by your illness. **It is very important to talk with your health care team about any pain you have so that you can get it checked and treated.** Most pain can be helped. Treating the pain can help with healing, and make it easier to stay active, sleep, and be social.

## Body image

- Critical illness can quickly change the appearance of your body. Weight loss, muscle loss, or swelling is common. Healthy food and exercise will help with this. There may also be changes in your hair and skin. Using a moisturizing lotion can help. These changes usually go away over time.
- The illness and treatment may cause scars and bruises on your skin. Most of these will fade over time. If you have any questions about changes in your body, please ask your health care team.

## Emotional changes after the ICU

- After your critical illness, you and your support persons may feel worried, exhausted, and stressed. Talking about your illness and sharing your experiences may help. Talk with your health care team about what supports are available. It may help to talk with a social worker or spiritual care.
- After your discharge home, you and your support people may still feel the effects of critical illness. This is called **post-intensive care syndrome**.
- **Do not suffer alone.** Talk with your primary health care provider (family doctor or nurse practitioner) about how you are feeling.

### Ways to help with these problems:

- Ask lots of questions and ask for help. Feel free to use the notes space on the next page, or your journal, to write down your questions.
- Share your experiences. Critical illness can have a major impact on patients and support people.
- **Remember, you are not alone.**
- Eat healthy foods. This will help your body heal.



- **Sleep is important.** Ask your health care team about ways to improve your rest.



- **Exercise is important for both your mind and body.** It is not always easy, but it is worth it. Talk with your health care team about how a physiotherapist or nurse can help.



- Track your improvements and celebrate your achievements. **We encourage you to keep a journal of your ICU stay and/or illness.** This can help both patients and support people.



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