

Critical Care Units: Intensive Care Unit (ICU) and Coronary Care Unit (CCU)

Cape Breton
Regional Hospital

ICU Phone: 902-567-7827

CCU Phone: 902-567-6971

Also available in Mi'kmaw: MI85-2360
*Etli-npilut wen metuipnet: Etli-npilut
wen kesi-ksnukwat Etli-npilut wen
Kamlamunipnet - Unama'kik Etli-npilawemk*



Critical Care Units: ICU and CCU

Cape Breton Regional Hospital

Family spokesperson

- Each patient will be asked to name a family spokesperson. Usually, the spokesperson is the patient's Substitute Decision Maker (please ask a member of the health care team if you would like more information about this).
- The spokesperson will be the main person who talks with the health care team about the patient's condition and plan of care. They will also help share news with the patient's loved ones.
- Having one spokesperson helps to limit the number of patient care interruptions (like too many phone calls and repeating similar information).

Visiting the ICU and CCU

- Loved ones are an important part of a patient's recovery. We will work with you to help support your loved one during this stressful time.

- For the safety of patients and visitors, the number of visitors at a bedside is limited. There are also times when visiting may be restricted. Please ask a member of the health care team on each unit about how they handle visits.
- There are no set visiting hours in these units. There is a phone at the door of each unit. When you arrive, **please use this phone to call into the unit and we will arrange your visit.** The phone rings directly into the unit.
- If visiting is not allowed, there are other ways for you to talk with your loved one and the health care team.
- These may include:
 - › Phone calls (Using your own cell phone or a hospital phone)
 - › Video calls (Using your own tablet or one owned by the hospital)
- If you have questions about visiting, please ask a member of the health care team.

We encourage you to keep a journal of your loved one's stay and/or illness. This can be helpful for both patients and their loved ones. There is space at the end of this guide.

Infection

Sometimes, visiting may be restricted due to an infection in the unit. This decision will be made with the advice of Infection Prevention experts.

**DO NOT visit the units if you are sick.
Patients are at a high risk of infection.**

Please follow the health care team's instructions about cleaning your hands when visiting. If told, wear gloves, a gown, and/or a mask.

All visitors must wash their hands or use hand sanitizer when entering and exiting the units, for each and every visit.

Hand washing with soap and water should be used when your hands look dirty or feel sticky, after you use the washroom, and before preparing food.



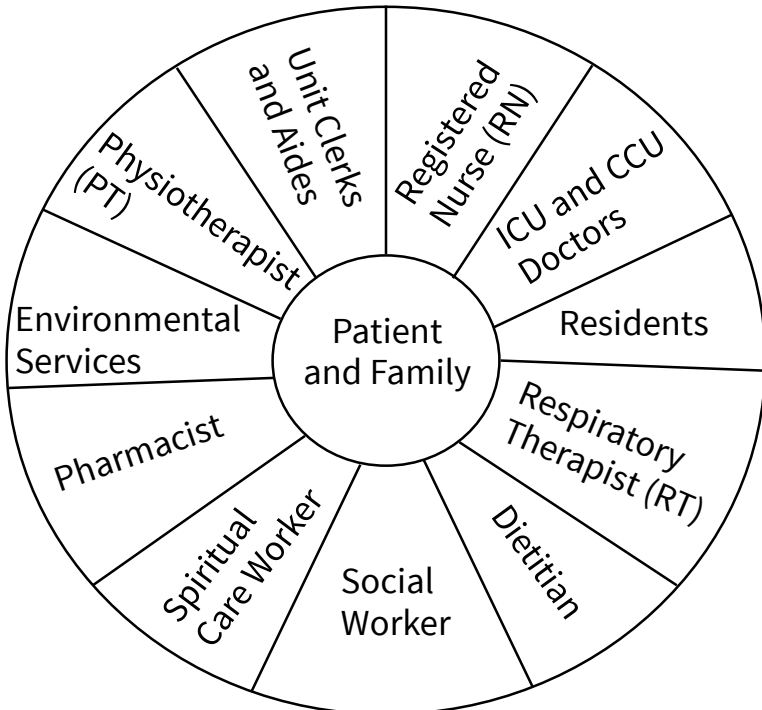
Visiting with children – Please ask a nurse before bringing children into the units.

Photos – To protect the privacy of all patients and their loved ones, please talk with a nurse before taking any photos or videos.

Health care team - Patients in each unit are cared for by a team. This includes people who are involved in patient care each day, and people who are consulted or involved as needed.

One of the care providers involved in daily care is a registered nurse (RN). There are RNs on the units 24 hours a day. They can help you meet the other team members and understand their roles in your loved one's care.

The lead doctor is a specially trained ICU doctor called an "Intensivist" (Intensive Care doctor), or a CCU doctor called a "Cardiologist". Other doctors, including surgeons, support the team as needed.



What to expect

Critical Care Units have a lot of specialized equipment and technology. This can be overwhelming for patients and their loved ones. Your loved one may not seem like their usual self, and may not be able to talk. Please talk to your loved one and reassure them that they are being cared for and are not alone.

If you are worried or have questions about anything you see or hear, please ask a member of the team.

Lines, monitors, and alarms – Patients are connected to a variety of intravenous (IV) lines (tubes put in the patient’s veins to give fluids, like medication or nutrients, or draw blood for tests), pumps, and monitors. These help us assess changes in the patient’s condition.

Sometimes these pumps and monitors beep or make sounds to communicate to staff. Not all alarms are bad. Staff are trained to tell how important an alarm is depending on the sound.

A few of the most common monitoring systems are:

- **Heart monitor** – A machine that helps us keep a close watch on important information (like heart rhythm).
- **Blood pressure monitor** – A machine that helps us watch blood pressure.
- **Arterial line** – A tube used to help us get blood samples without using a needle each time and to help us watch blood pressure.
- **Oxygen saturation monitor** – A machine that helps us check the patient’s oxygen level.

Medical care and equipment – Each patient’s medical care depends on their needs. Common types of care include:

- **Routine tests** – These include blood tests, chest X-rays, and ECGs/EKGs (electrocardiogram). ECGs/EKGs let us monitor heart rhythm.
- **Medications** – These are often given by a pump (a machine that gives IV medications) into a vein, or through a tube into the stomach.

- **Mechanical ventilation** – This is a breathing machine used to breathe for the patient. Oxygen is given through an endotracheal tube (a tube through the mouth and into the windpipe) or a tracheostomy tube (a tube through a small opening in the neck and into the windpipe).

Patients with a breathing machine cannot talk. If the patient is awake, the nurses can often understand what they are trying to say by watching their lips, or the patient can write messages. Patients with a breathing machine will need suctioning. This helps get rid of secretions (fluid) in the breathing tube.

- **Feeding tube** – This is a tube that passes through the nose or mouth into the stomach. The tube can be used to give medications or liquid food, or to help keep the stomach empty. This will depend on the patient's needs.

If you have questions about your loved one's medical care or equipment, please ask a member of the health care team.

Mobilization (being active and moving around)

– Mobilization is a part of the patient’s care. Each patient is assessed to help the team decide how active they can be and what we can do to help get them moving.

This may be as simple as helping them by moving their limbs or putting the head of their bed up, or it may include a team of people helping them get up and out of bed. The sooner a patient can get moving, the better it is for their healing.

Keeping patients safe and comfortable

Patients in Critical Care Units are at risk for a number of complications. It can be upsetting to think about your loved one being affected by these complications. Being prepared by learning about them can help you to manage your feelings and support your loved one.

Here are some of the risks and the ways we will be working to lower them:

Delirium – This is a type of confusion often seen in ICU/CCU patients. We do many things to try to prevent or lower delirium. This includes getting patients moving as soon as possible, lowering sedating (relaxing) medications as we are able, and trying to let patients sleep at night.

You can be involved by:

- Helping us get to know your loved one.
 - › Telling us their preferred name or nickname.
 - › Telling us if they wear glasses or a hearing aid(s).
 - › Telling us their usual sleep habits.
- Making sure the team knows the medication(s) your loved one was taking before they were admitted (including prescription, non-prescription, and herbal medications).
- Talking with your loved one, clearly and simply. Reassure them. Tell them where they are and what is going on.
- Telling us about their alcohol and/or drug use. This information is important to their care and will be kept confidential.
- Talking with a nurse before removing wrist restraints, if your loved one is wearing them.

Pressure injuries (bedsores) – This is an injury that happens when there is continued pressure on the skin and tissue. This causes the skin and tissue to break down. Being very sick puts patients at a higher risk for bedsores.

Some of the things we do to lower the risk are:

- › Check the skin often
- › Move or turn the patient often
- › Use a bed with a special surface to lower pressure
- › Keep the skin clean
- › Get rid of moisture on the skin
- › Make sure the patient is getting enough nutrition
- › Help patients get moving as soon as possible

Blood clots – Blood must be able to clot (stick together) for healing. But an abnormal clot can sometimes form and cause harm. Abnormal clots can happen to anyone, but they are more common in people who are very sick, have had surgery, or are very inactive. We try to lower the risk of abnormal clots by getting patients moving as soon as it is safe based on their medical condition.

Family waiting rooms

The units are designed for patient care. All people will be treated with dignity, respect, and consideration. This includes patients, their loved ones, visitors, and staff.

Each unit has a waiting room. Please remember this is a shared area. If you learn information about another patient or their loved one(s), please be respectful and do not repeat it or share it with others.

If you notice the garbage needs emptying or the room needs cleaning, please tell the unit clerk.

What are your questions?

Please ask. We are here to help you.

When my loved one leaves the unit

For patients who have been critically ill and their loved ones, leaving the Critical Care Units can be stressful. Patients do not leave the units until they are ready for a different level of care. Please talk with the health care team if you have questions.

Taking care of yourself

It is important that you look after yourself during this stressful time. Try these tips from other people who have gone through this experience:

- Try to eat regular, healthy meals.
- Recognize that you need rest, too.
- Take breaks from the unit. Go for a walk or visit the hospital's spiritual area.
- If you take medication(s), keep up your usual medication schedule.
- Talk with others about how you are feeling.

Frequently asked questions

How much is parking?

Parking is available at a cost of **\$3 per visit** (cash only). This will be charged when you exit the parking lot. Parking passes are available. Please ask the unit clerk for more information.

Where can I find more patient and family information?

You can find this pamphlet and all of our patient resources online at:

- › <https://library.nshealth.ca/PatientEducation>

You can also ask a member of the health care team to help you find more information.

Are translation services available?

If you or your loved one need translation services, please tell us. We can arrange for this service.

Who can I talk to if I have concerns?

- We are committed to providing the best care possible for your loved one.
- If you have any concerns, please talk with your loved one's doctor or nurse, the Clinical Nurse Lead, or the Health Services Manager.
- You can also contact Patient Relations:
 - › Phone (toll-free): 1-844-884-4177
 - › Email: healthcareexperience@nshealth.ca

Is there a way to give feedback?

Nova Scotia Health randomly sends an anonymous Client Experience Survey to people who give an email address when they are admitted.

Family feedback has led to a number of changes which have helped us to improve care.

If you have any questions about this, please ask a member of the health care team.

Thank you in advance for sharing your thoughts with us.



This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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