Notes:

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 all patient education resources here:
www.nshealth.ca/patient-education-resources

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

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To be reviewed September 2029 or sooner, if needed.
Learn more:
https://library.nshealth.ca/patient-education-resources

Patient & Family Guide
2026

Intensive Care Unit (ICU)

Valley Regional Hospital

nova scotia health
www.nshealth.ca

Intensive Care Unit (ICU)

- This pamphlet gives important information for support persons visiting people in the ICU.
- This can be a stressful time. We are here to support you.
- We encourage you to read this information and ask the health care team any questions you may have.

Family spokesperson

- We ask people to name a family spokesperson when they are admitted to the hospital. This is usually their **substitute decision-maker** (SDM), but it does not have to be. An SDM is someone asked to make health care and personal care decisions on another person's behalf when they cannot make decisions for themselves.
- To learn more about SDMs, talk with a member of your health care team or ask for pamphlet 2327, *Making Health Care Decisions for Someone Else: Acting as a Substitute Decision-Maker (SDM)*. You can also scan the QR code on page 2 or visit:
  - www.nshealth.ca/patient-education-resources/2327

How can I call my loved one?

- The best way to call your loved one is on their personal cell phone.
  - If they do not have a cell phone, call the hospital switchboard at 902-679-3315. Ask to be transferred to the unit where your loved one is admitted. Staff will bring them a portable phone.

Are translation services available?

- If you or the patient need translation services, ask a member of the health care team.

Who can I talk to if I have concerns?

- We are committed to providing the best care possible. If need to talk with someone right away, talk with your loved one's doctor or nurse, the charge nurse, or the health services manager.
- You can also reach Patient Relations at:
  - Phone (toll-free): 1-844-884-4177
  - Email: healthcareexperience@nshealth.ca

Frequently asked questions

Where can I park?

It is free to park in the hospital parking lot.

Where can I sleep?

- Fidelis House is located on hospital property. Support persons of ICU patients may stay there at a discounted rate.
- For more information, or to make a reservation:
  - Phone: 902-679-6567

Where can I eat?

- There is a cafeteria on Level 1 and a small snack kiosk in the main lobby. Ask a member of the health care team for current hours.

Where can I find more patient and family information?

- You can find this pamphlet and all of our patient resources online here:
  - www.nshealth.ca/patient-education-resources
- You can also ask the unit clerk to help you find more information.

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

- The spokesperson will:
  - Be the main person to talk with the health care team about their loved one's condition and plan of care
  - Help share news with others
  - Share questions and concerns with the health care team
- It helps to choose 1 person to get updates from the health care team. This person can give information to the rest of your group.
- **We can only give information to your listed family spokesperson.** This helps to protect privacy.

What are your questions?

Please ask a member of your health care team. We are here to help you.

Visiting the ICU

- Support persons can be very important to a person's recovery. We will work with you so that you can support each other during this stressful time.
- We may limit the number of visitors at the bedside at certain times. There may also be visitor restrictions at certain times because of patient procedures, and for privacy.
- **Nursing shift changes:**
  - 6:30 to 8 a.m. and 6:30 to 8 p.m.
- The nurse who is leaving gives a full report to the new nurse. The new nurse reviews the person's chart and does a full exam. **Please try to limit phone calls to the ICU during these times.**
- There is a phone in the waiting room by the door to the ICU. **Visitors must call into the unit each time before they enter.**

Leaving the ICU

- Leaving the ICU can be stressful for people who have experienced a critical illness and for their loved ones. People do not leave the ICU until they are ready for a different level of care. Talk with the health care team if you have any questions.
- The ICU also cares for people who need different levels of care. A person may be moved to this level of care as they get better, but they may still stay in the ICU until they are ready for a bed on another medical or surgical unit.

Taking care of yourself

It is important to look after yourself during this time. Some tips from other people who have gone through this are:

- Try to eat regular, nutritious meals.
- Rest as much as you can.
- Take breaks from the ICU. Go for a walk or visit the hospital cafeteria.
- If you take medications, keep up your usual schedule.
- Talk with others about how you are feeling.

Family waiting room

- Our ICU has a small waiting room. This room is sometimes crowded. Please remember this is a shared area. If you hear or learn information about another patient, we ask that you be respectful and not repeat this information.
- The health care team may also use this room to meet with you to review your loved one's plan of care. During these times, the waiting room may be closed to other visitors.
- If you see that the garbage needs emptying or the room needs cleaning, please tell the unit clerk.

This pamphlet is just a guide. If you have questions, please talk to your health care provider. We are here to help you.

Infection risks

- Sometimes, visiting may be restricted because of infections. This decision will be decided with the advice of infection prevention experts.

Do not visit the ICU if you are sick. People in the ICU are at a high risk of infections.

- **All visitors must follow the health care team's instructions about cleaning their hands and wearing gloves, gowns, or masks when visiting.**
- **All visitors must wash their hands or use hand sanitizer every time they enter or leave the ICU.**
  - › Soap and water is best if your hands look dirty, and for certain illnesses
- **Visiting with children:** Please check with a member of the health care team before bringing children 16 years old or younger to visit.
- **Photos and videos:** To protect everyone's privacy, please talk with a member of your health care team before taking any photos or videos.

The health care team

- People in the ICU 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.
- There is a registered nurse (RN) on the unit 24 hours a day. They can help you meet the other team members and understand their role in caring for your loved one.
- The lead doctor is a specially trained ICU doctor called an **intensivist** (intensive care doctor). Other doctors, including surgeons and specialists, support the team as needed.
- Other members of the team include:
  - Respiratory Therapist (RT)
  - Care team assistant (CTA)
  - Dietitian
  - Social worker
  - Pharmacist
  - Physiotherapist (PT)
  - Occupational therapist (OT)
  - Ward clerk
  - Spiritual care
  - Speech language pathologist
  - Environmental services (housekeeping)

Pressure injuries (also called pressure ulcers or bedsores): This is an injury that happens when there is continued pressure on the skin and tissue. The skin and tissue break down, causing a pressure injury. People in the ICU are at high risk for pressure injuries.

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

- Check their skin often.
- Reposition or turn them often.
- Use a bed with a special surface to lower pressure.
- Keep their skin clean.
- Lower moisture on their skin.
- Provide nutrition.
- Mobilize them as soon as possible.

Blood clots: Blood must be able to clot in order for the body to heal. But sometimes, an abnormal clot can form and cause harm. Abnormal clots can happen in anyone, but they are more common in people who are very sick, who have had surgery, or who do not move a lot.

To lower the risk of abnormal clots, we may:

- Give the person medications
- Use special stockings to help lower the risk of clots forming in the legs
- Get them moving as soon as it is safe, based on their medical condition

  - Tell their health care team about their alcohol or drug use. It is important that we have the right information to help with their care. We will keep this information confidential (private).
- Talk with your loved one clearly and simply. Reassure them. Tell them where they are and what is going on.
- Some people need restraints on their wrists to keep them safe (for example, to stop them from pulling out equipment like a breathing tube or an I.V. line). **Please talk with a member of the health care team before removing wrist restraints.**

- Each morning, the health care team meets to do rounds around 9 a.m. They will meet with each person at their bedside and go over how they are doing. Visiting may be limited at this time to protect privacy.

What to expect

- Having your loved one in the ICU can be overwhelming. They may:
  - Have a lot of equipment and machines in their room
  - Be on medications to keep them sedated (calm and relaxed)
  - Not look like their usual self
  - Not be able to talk
- We encourage you to talk to your loved one even if they are sedated. Tell them that they are being cared for and are not alone.
- If you are worried or not sure about something, or you have questions or concerns about your loved one's care, talk with a member of the health care team.

Lines, monitors, and alarms: Your loved one may be connected to intravenous (I.V.) lines and monitors. These help us check changes in their condition.

- The ICU is noisy. There may be a lot of alarms. This is normal. The team is trained to know which alarms need action and which do not.
- There is a central monitor at the nursing desk that lets us see the monitors in all of the rooms at once.
- Common monitors include:
  - **Heart monitor:** This helps us keep a close watch on important information (like heart rhythm).
  - **Arterial line:** This helps us watch blood pressure and get blood samples without using a needle each time.
  - **Oxygen saturation monitor:** This helps us check the amount of oxygen in a person's body.

Keeping your loved one safe and comfortable

- People in the ICU are at risk for these problems. The health care team will work to lower these risks for your loved one.

Delirium: This is a type of confusion often seen in people in the ICU. To lower the risk of delirium, the health care team will:

  - Get patients moving as soon as possible
  - Lower patients' dose (amount) of calming medications, if possible
  - Try to let patients sleep at night
- You can help us get to know your loved one:
  - Tell the health care team what name they prefer, if they have hearing problems, if they wear hearing aids or glasses, and what their usual sleep habits are.
  - Fill out the "Get to Know Me" form. The form is available in each ICU room.
  - Make sure the team knows the medications the person was taking before they were admitted (including prescription, over-the-counter, and herbal products).

Mobilization (moving): The health care team will check your loved one to decide:

- How active they can be
- What we can do to help get them moving

Mobilization is an important part of your loved one's care. The sooner a person gets moving, the better it is for their healing. You can help them by:

- Helping them move their limbs (arms and legs)
- Putting the head of their bed up

Some people need the head of their bed in a certain position for safety. **Talk with a member of the health care team before adjusting the head of the bed.**

The health care team may also help your loved one to get up and out of bed.

Patient belongings: If your loved one has any valuables (like jewelry, money, credit cards, cheque books), take them home with you. **The hospital is not responsible for the loss of any item.**

You may wish to bring them some personal care items. The hospital does have some personal care items (like soap, toothbrushes, combs), but people often like to have their own items.

Medical care and equipment: Each person's care is different, based on their needs. Most people will have:

- **Routine tests:** These may include:
  - Blood work
  - Chest X-rays
- **Medications:** These may be given by:
  - A pump that delivers medications into a vein
  - A tube in the nose or mouth that sends medications into the stomach

Once the health care team has a full list of your loved one's medications, you may be asked to take their medications home. The health care team is responsible for giving them all of their medications.

If there are any changes to their medications, the health care team will talk with them and their support persons before discharge.

Mechanical ventilation (breathing machine): This is a machine that helps the person breathe. The oxygen may be delivered through:

- An **endotracheal tube** (a tube that passes through the mouth into the windpipe)

or

- A **tracheostomy tube** (a tube that passes through a small opening in the neck into the windpipe)

A person on a breathing machine:

- Cannot talk. If they are awake, a member of the health care team can often tell what they are trying to say by watching their lips, or they can write messages.
- Will need suctioning. This helps remove secretions (fluid) from their lungs.

Feeding tube: Most people in the ICU have a tube that passes through their nose or mouth and goes into their stomach. Depending on the person's needs, the tube can be used to:

- Give medications or liquid food
- Help keep the stomach empty

Nutrition: Your loved one may need to follow certain nutrition guidelines, or not be able to eat before certain procedures. Talk with a member of the health care team before giving your loved one something to eat or drink, or bringing in outside food.

People who are able to eat can order meals through room service attendants. Meals that meet the person's nutritional needs may also be sent without ordering.