



Patient & Family Guide

2023

Intensive Care Unit

Valley Regional Hospital



www.nshealth.ca

Intensive Care Unit

This pamphlet gives important information for support persons visiting patients in the Intensive Care Unit (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). An SDM is someone asked to make health care and personal care decisions on another person's behalf when a patient cannot make decisions for themselves.
- For more information about SDMs, talk with a member of the health care team, or ask for the pamphlet *Making Health Care Decisions for Someone Else: Acting as a Substitute Decision-Maker (SDM)*:
 - › www.nshealth.ca/sites/nshealth.ca/files/patientinformation/2327.pdf

- This person will:
 - › be the main person to talk with the health care team about the patient'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. We are here to help you.

Visiting the ICU

- Support persons are very important to 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.**

Infection risks

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

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

- When visiting, follow the health care team's instructions about:
 - › Cleaning your hands
 - › Wearing gloves, a gown, and/or a mask
- **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:** Talk with the health care team before bringing children aged 16 or younger to visit. This will be decided on a case-by-case basis.
- **Photos and videos:** To protect the privacy of all patients and their support persons, please talk with the nurse 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 Therapists
 - › Care Team Assistants (CTA) and Continuing Care Assistants (CCA)
 - › Dietitians
 - › Social Workers
 - › Pharmacists
 - › Physiotherapists
 - › Occupational Therapists
 - › Ward Clerks
 - › Spiritual Care
 - › Speech Language Pathologists
 - › Environmental Services (Housekeeping)

- Each morning, starting around 9 a.m., the health care team meets to do rounds. 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 assess changes in their condition.

The ICU is noisy. There may be a lot of alarms.

Do not worry. Our team is trained to know which alarms need action and which do not.

The central monitor at our nursing desk also lets us see the monitors in all of the rooms at once, even if we are not in the person's room.

Common monitoring systems 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 assess the amount of oxygen in the body.

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

- Routine tests, including blood work and 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 the person'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: This is a machine that helps the person breathe (breathing machine). The oxygen may be delivered through:

- › An endotracheal tube (a tube through the mouth, into the windpipe)
- › A tracheostomy tube (a tube through a small opening in the neck, into the windpipe).

A person on a breathing machine cannot talk. If the person is awake, a member of the health care team can often tell what they are trying to say by watching their lips, or the person can write messages.

A person with a breathing machine will need suctioning. This helps remove secretions (fluid) from the lungs.

Feeding tube: Most people in the ICU have a tube that passes through their nose or mouth and goes into their stomach (belly). The tube can be used to give medications or liquid food, or to help keep the stomach empty, depending on the person's needs.

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 are often able to order meals from the Dial For Dining system. This is done using their bedside phone and the given menu. Room service attendants are available to take meal orders if a person needs help or is not able to use the phone. Meals that meet the person's nutrition needs may also be sent without ordering.

Mobilization (movement): Each person is assessed to help the health care team decide:

- › how active they can be.
- › what we can do to help get them moving.

The sooner a person gets moving, the better it is for their healing. This may be as simple as:

- › helping them by moving their limbs (arms and legs).
- › putting the head of their bed up.

It may also include a team of people helping the person to get up and out of bed. Mobilization is an important part of your loved one's care.

Note: 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.**

Patient belongings: If your loved one has any valuables, we encourage you to 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 appreciate having their own items.

Keeping patients safe and comfortable

People admitted to the ICU are at risk for a number of problems. We do not want to scare you, but we do want you to know of some risks that the health care team will be working to lower.

Delirium: This is a type of confusion often seen in people in the ICU. The health care team does many things to try to prevent or lower delirium. This includes:

- › Getting patients moving as soon as possible
- › Lowering sedating medications, as we are able
- › Trying to let patients sleep at night

You can be involved by helping us get to know your loved one. For example:

- › What name do they prefer?
- › Do they have hearing problems?
- › Do they wear a hearing aids or glasses?
- › What are their usual sleep habits?

Please complete 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).

Talk with your loved one clearly and simply. Reassure them. Tell them where they are and what is going on.

Share details about their alcohol or drug use. It is important that we have the correct information to help with their care. We will keep this information confidential.

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.**

Pressure ulcers (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 bedsore. People in the ICU are at high risk for bedsores.

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.

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.

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.

Frequently asked questions

Where can I park?

There is daily paid parking at the hospital. The cost to exit the parking lot is \$3. There is a change machine in the main lobby.

Where can I sleep?

Fidelis House is located on hospital property. Support persons of ICU patients may stay there at a reasonable 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:

- › <http://library.nshealth.ca/PatientGuides>

You can also ask the unit clerk to help you find more information.

How can I call my loved one?

- Call the hospital switchboard and give your loved one's name. The operator will transfer your call to their bedside phone.
 - › Phone: 902-679-3315
- If you are not able to visit your loved one in person, we can arrange a virtual (online) meeting using the unit's iPad.
 - › If you are interested, please call 902-679-3315 and ask to be transferred to the ICU. An ICU staff member will take your request and arrange a meeting.

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

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 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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