



Patient & Family Guide
2021

Intensive/ Coronary Care Unit

Dartmouth
General Hospital

ICU phone: 902-465-8414



www.nshealth.ca

Intensive/Coronary Care Unit Dartmouth General Hospital

Family spokesperson

- Patients are asked to name a family spokesperson. Most often, the spokesperson is the patient's Substitute Decision Maker (please ask if you would like more information about this). This will be the main person to talk with the health care team about the patient's condition and plan of care. They will also help share news with family and friends.
- Having one spokesperson helps to limit the number of patient care interruptions, such as multiple phone calls and repeating similar information.

Visiting the Intensive/Coronary Care Unit (I/CCU)

- Family and friends are central to patients' lives. We will work with you to help support your loved one during this stressful time. We limit the number of visitors at a bedside at a given time. There are also times when visiting is restricted because of patient procedures. Although the procedure may not involve your loved one, it may limit your ability to visit.

- We have open visiting in our Unit. We limit visiting from 6:30 to 7:30 a.m. and from 6:30 to 7:30 p.m. when the nurses are changing shifts. We also ask that you try to limit phone calls to the Unit during these times. The nurse who is leaving gives a full report to the new nurse, and the new nurse reviews the chart and does a head-to-toe exam of the patient. Restricting visitors and calls during this important time helps to protect patient privacy, and cuts down on interruptions.
- There is a phone at the door to the Unit. The phone rings directly into the unit when you pick it up. **Please call into the unit and we will arrange your visit.**

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

Infection risks

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

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

Please follow the health care team's instructions about cleaning your hands and wearing gloves, gowns, or masks when visiting.

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

Soap and water are best if your hands look dirty, and for certain illnesses.

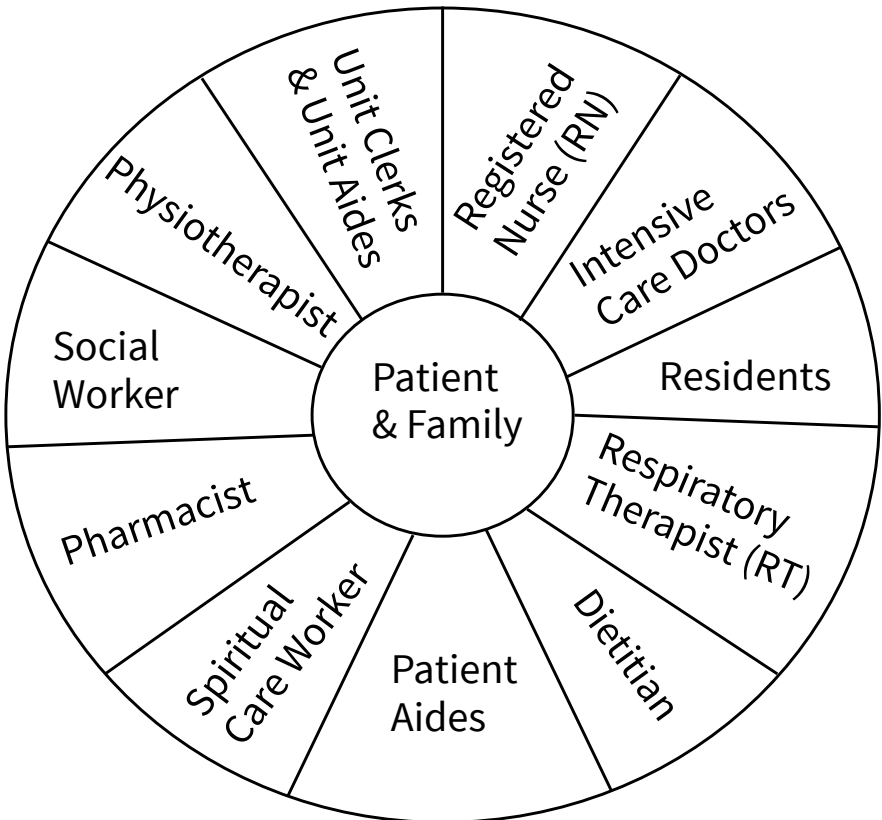


Visiting with children – Please ask the nurse before bringing children into the Unit.

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

Health care team - Patients in the 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 is an RN on the unit 24 hours a day. The nurse can help you meet team members and understand their role in the care of your family member. The lead doctor is a specially trained ICU doctor called an “intensivist” (intensive care doctor). Other doctors, including surgeons, support the patient and Unit team as needed.



What to expect

The Unit can be a scary place. There are a lot of strange noises. Many patients have a lot of equipment in their room and may have medications to keep them calm. Your family member 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. Please ask us when you are worried or unsure.

Lines, monitors, and alarms – Patients are connected to a variety of intravenous (IV) lines and monitors. These help us assess changes in the patient's condition. The ICU is a noisy place and there may be a lot of sounds and alarms. Please do not worry about the alarms. Our team is trained to know which alarms need action and which do not.

A few of the most common monitoring systems are:

- Heart monitor – helps us keep a close watch on important information, such as heart rhythm.
- Arterial line – helps us watch blood pressure and get blood samples without using a needle each time.

- Oxygen saturation monitor – helps us assess the amount of oxygen in the body.



Medical care and equipment – Each patient’s medical care is unique to their needs. Some of the common types of care include:

- Routine tests, including blood tests and chest X-rays.
- Medications – often given by a special pump into a vein, or through a special tube into the stomach.
- Mechanical ventilation – 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, our nurses can often interpret 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 – most patients have a tube that passes through the nose or mouth into the stomach. This type of tube can be used to give medications or liquid food, or to help keep the stomach empty, depending on the patient’s needs.

Mobilization (movement) – Each patient is assessed to help the team decide how active they can be and what we can do to help get them moving. The sooner patients can get moving, the better for their healing. This may be as simple as helping a patient by moving their limbs or putting the head of their bed up, or it may include a team of people helping a patient to get up and out of bed. Mobilization is a key part of the patient’s care.



Keeping patients safe and comfortable

Patients on the Unit are at risk for a number of complications. We do not want to scare you, but we do want you to know of a few risks that our team will be working to lower.

Delirium – This is a type of confusion often seen in ICU patients. We do 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, and trying to let patients sleep at night. You can be involved by:

- Helping us get to know your loved one.
 - › What name do they prefer?
 - › Do they wear hearing aids or glasses?
 - › What are their usual sleep habits?
- Making sure the team knows the medications 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.
- Sharing with us details about alcohol and/or drug use. This accurate information is important to their care and will be kept confidential.

- Talking with the 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. The skin and tissue break down, causing what is also known as a “bedsore.” Being very ill puts patients at a higher risk for bedsores. Some of the things we do to lower the risk are:

- › checking the skin often.
- › repositioning or turning the patient often.
- › using a bed with a special surface to lower pressure.
- › keeping the skin clean.
- › getting rid of moisture on the skin.
- › making sure the patient is getting nutritious food.
- › helping patients get moving as soon as possible.

Blood clots – The blood’s ability to clot is needed for healing. However, an abnormal clot can sometimes form and cause harm. Abnormal clots can happen to anyone, but are more common in people who are very sick, have had surgery, or are very inactive. The actions we take to lower the risk of abnormal clots include giving medications and using special stockings to help lower the chance a clot will form in the legs. As well, we get patients moving as soon as it is safe based on their medical condition.

Family waiting rooms

The Unit is designed for patient care. All people will be treated with dignity, respect, and consideration. This includes patients, families, visitors, and staff.

Each Unit has a large waiting room. This room is sometimes crowded. Please remember this is a shared area. If you hear or learn information about another patient or family, we ask that you be respectful and do not repeat it.

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

When my family member leaves the Unit

For patients and families that have experienced a critical illness, leaving the Unit can be stressful. Patients do not leave the Unit until they are ready for a different level of care. Please talk with the health care team if you have questions about this.

Taking care of yourself

It is important that you look after yourself during this stressful time. Some tips from other families who have gone through this experience are:

- Try to eat regular, nutritious meals.
- Recognize that you need rest too.
- Take breaks from the Unit. Go for a walk. 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?

There is hourly parking at the hospital. When a patient is in the hospital for more than 2 weeks (14 days), one family member can apply for a reduced parking rate. Our unit clerk can give you information about this. For help with paying for parking during the first 2 weeks, please ask to talk with a social worker.

Where can I sleep?

We can give you a list of places to stay close to the hospital.

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](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 (a family member) or the patient 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 family member.
- If you have any concerns, please talk with your family member's doctor or nurse, the charge nurse, or the Health Services Manager.
- You can also call Patient Relations at 1-844-884-4177, or email healthcareexperience@nshealth.ca.

Is there a way for me to give feedback?

We invite you to complete our anonymous patient and family survey. There should be a copy of the survey along with this booklet in your room. If not, please ask staff for one. Family feedback has led to a number of changes which have helped us to improve care.

Thank you in advance for sharing your thoughts with us.



Looking for more health information?

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

Contact your local public library for books, videos, magazines, and other resources.

For more information, go to <http://library.novascotia.ca>

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

Learn about other programs and services in your community: call 211 or visit <http://ns.211.ca>

Nova Scotia Health Authority promotes a smoke-free, vape-free, and scent-free environment.

Please do not use perfumed products. Thank you!

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The information in this pamphlet is to be updated every 3 years or as needed.