

3A and 5.2 Intensive Care Units

Information for Families

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

3A ICU: Victoria General site 902-473-6513

5.2 ICU: Halifax Infirmary site 902-473-8627

3A and 5.2 Intensive Care Units Information for Families

What are your questions?
Please ask. We are here to help you.

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 speak 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 Care Unit (ICU)

Family and friends are central to patients' lives and we will work to help them support each other during this stressful time. We do limit the number of visitors at a bedside at a given time. As well, there are times when visiting is restricted because of patient procedures. Although the procedure may not involve your family member, it may limit your ability to visit.

We have open visiting in our ICUs. When the nurses are changing shifts, we limit visiting from 6:30 – 8 a.m. and from 6:30 – 8 p.m. We also ask that you try to limit phone calls to the ICU 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 reduces interruptions.

There is a phone at the door to the ICU. The phone rings directly into the unit when you pick it up. **Please call into the unit and we will arrange your visit.**

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Infection risks

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

**DO NOT visit the ICU if you are sick.
Patients are at great risk of infections.**

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

All visitors need to wash their hands or use hand sanitizer on entry and exit to the ICU, on each and every visit.

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

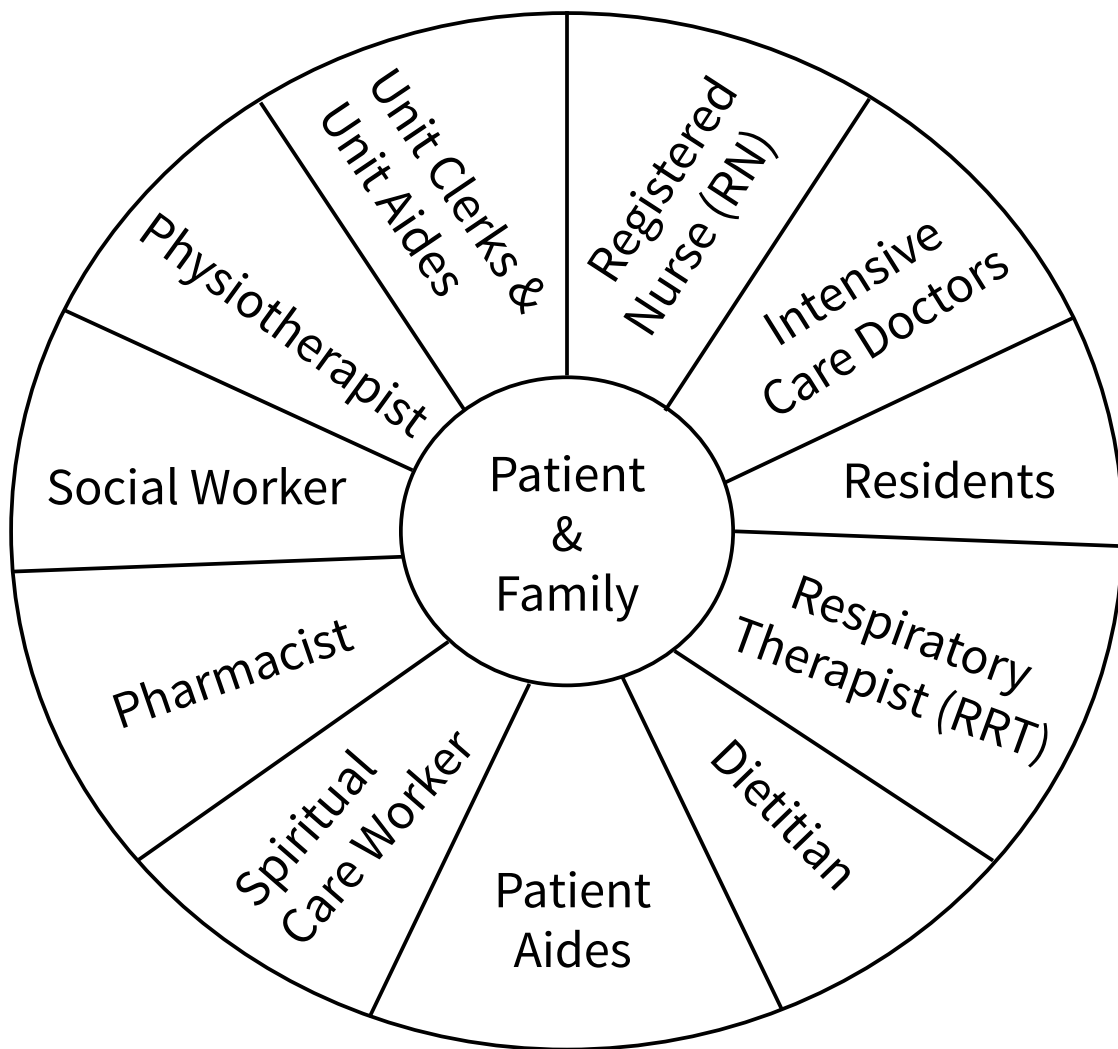


Visiting with children – Please ask the nurse before bringing children into the ICU.

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 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.

One of the consistent care providers is a registered nurse (RN), who is 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 physician is a specially trained ICU doctor called an “Intensivist” (intensive care doctor). Other physicians, including surgeons, support the patient and ICU team as needed. Each morning, starting around 9 a.m., the health care team meets to do ‘rounds’ and review each patient. To protect privacy, visiting is sometimes limited at this time.

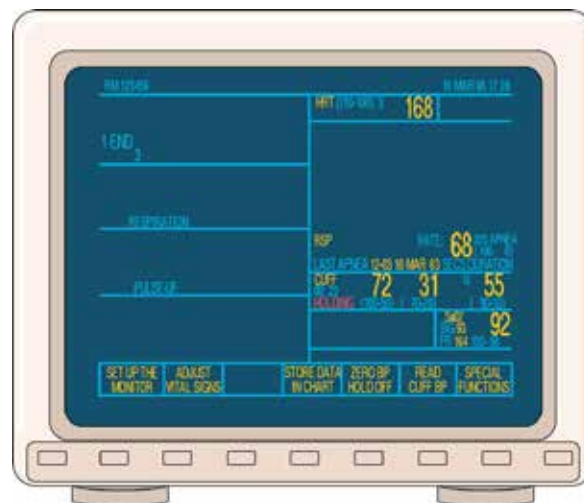


What to expect

The ICU can be a scary place. There are a lot of strange noises. Many patients have a lot of equipment and may have medications to keep them sedated. Your family member may not look like their usual self, and may not be able to talk. Please talk to the patient 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 environment and there may be a lot of alarms; please don't worry about these. 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 aspects of their care may include:

- Routine tests, including blood tests and chest X-rays.
- Medications – often given by a special pump that delivers them into a vein, or through a special tube that delivers them into the patient’s stomach.
- Mechanical ventilation – a “breathing machine” used to deliver breaths for the patient. The breath is delivered via 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 remove secretions from the breathing tube.
- Feeding tube – most patients have a tube that passes through the nose or mouth and goes 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 – 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

ICU patients are at risk for a number of problems. We don't 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 reduce delirium. This includes getting patients moving as soon as possible, reducing sedating medications as we are able, and trying to let patients sleep at night. You can be involved by:

- Helping us get to know the patient. For example: What name do they prefer? Do they have hearing problems? Do they wear hearing aids or glasses? What are their usual sleep habits? Please complete a “Get to Know Me” form and return it to the nurse.
- Making sure the team knows the medications the patient was taking before they were admitted (prescription, non-prescription, and herbal medications).
- Speaking with the patient, 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.
- Speaking to the nurse before removing wrist restraints, if the patient is wearing them.

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 what is commonly known as a “bedsore”. Being very ill puts patients at high risk for bedsores. Some of the things we do to lower the risk are: check the skin often, reposition or turn the patient often, use a bed with a special surface to reduce pressure, keep the skin clean, reduce moisture on the skin, provide nutrition, and mobilize as soon as possible.

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

Transfers between 3A ICU and 5.2 ICU

Sometimes, patients may need to be moved between 3A ICU and 5.2 ICU. This may be necessary to have the patient closer to the services needed for their care or to help accommodate admissions when the ICUs are very full. Both ICUs offer the same level of skilled care.

Family waiting rooms

The ICU is designed for patient care. People will be treated with dignity, respect, and consideration, including patients, families, and staff.

Each ICU 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 not repeat this information.

If you notice the garbage needs emptying or the room needs cleaning, please let our Unit Clerk know.

When my family member leaves the ICU

For patients and families that have experienced a critical illness, leaving the ICU can be stressful. Patients do not leave the ICU until they are ready for a different level of care. Please talk with the team caring for your family member if you have questions about this. There is also a pamphlet available to help explain the transfer out of ICU and continuing recovery from critical illness. Please ask us for a copy.

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 ICU. Go for a walk. Visit the hospital library or spiritual area.
- If you take medications, continue with your usual medication schedule.
- Talk with others about how you are feeling.

Frequently asked questions

Where can I park?

There is hourly parking at the hospital. When a patient is in the hospital for more than two 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 two weeks, please ask to talk to a Social Worker.

Where can I sleep?

Our Unit Clerk 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 here:
<http://library.nshealth.ca/PatientGuides>

You can also ask our Unit Clerk to help you find more information.

Are translation services available?

If you (a family member) or the patient need translation services, please let us know. 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 immediate concerns, please talk with your family member's doctor or nurse, the charge nurse, or the Health Services Manager.

You can also contact 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 Family Survey. Copies of the survey are available in the main family waiting rooms. There is a locked box where you can drop off the survey, or you can mail it back to us. 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: <http://library.nshealth.ca/PatientGuides>
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!

www.nshealth.ca

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