

# The Intensive Care Unit



A Guide for Patients and Families

## Your Family Member is in the Intensive Care Unit

Being in the ICU can be an anxious and confusing experience. This booklet provides you with information explaining key aspects of an ICU.

Please feel free to discuss your questions with the health care team.



## The Healthcare Team

While in the ICU, you and your visitors will meet different health care professionals. Your health care team may be comprised of:



- Doctors
- Nursing Staff
- Unit Aides
- Unit Clerks
- Respiratory Therapists
- Physiotherapists
- Occupational Therapists
- Speech Language Pathologists
- Dietitians
- Pharmacists
- Social Workers
- Spiritual Care
- Students

Patients and visitors are encouraged to ask more about the roles and responsibilities of each of these professionals.

## On Arrival to ICU

### Share Information

When you or your loved one arrives in ICU, it can be a very busy time for staff members. Patients may be examined, given medications and tests, and asked questions about the patient's health. Family members should share what they know about patient wishes and treatment decisions. They should bring as much information as possible about medical history and allergies. They should also share what they know about patient medications and if they take the medications as prescribed by their doctor.

Medications include:

- Herbal remedies
- Vitamins
- Creams
- Eyes drops
- Injections
- Over the counter medications (e.g. Tylenol®)

### Visiting

Visitors are encouraged to inform staff when they arrive. In some cases, visitors may be asked to wait outside the ICU temporarily. ICU staff will keep visitors informed and will show visitors into the unit as soon as possible. In some cases, a volunteer will be available to help guide visitors through this process.

### Patient Belongings

Family members will be asked to take most patient belongings home, particularly valuable items. It is ok to leave a few things that are important to the patient, such as pictures or cards.

If you brought medications to the hospital, family members can bring them home once they have been discussed with the healthcare team. Almost all medicines will be provided by the hospital. Occasionally, home medications will be used in the hospital, but you will be asked to bring those ones in.

## Equipment

When first entering an ICU, the sights and sounds can be overwhelming. ICUs contain the latest technology that helps staff to deliver the best possible care.

All ICU machines have alarms to inform staff when a patient's condition changes. Some alarms alert staff to possible emergencies but most alarms are to inform staff to check a piece of equipment. The health care team knows which alarms are emergencies and which ones are not. If you have a concern about an alarm, please ask a member of the health care team.



## While in ICU

### Visitors

Visitors are an important part of recovery for ICU patients. Friends and family members can provide support and provide ICU staff with important information.

Suggestions for visits with patients:

- Visitors should be limited to people **the patient** would most want to see at this time.
- Please discuss with ICU staff if children will be visiting
- For some patients, stimulation should be limited. Stimulation can worsen some conditions and we encourage you to discuss this with the care team.



- Patient privacy and modesty is important. If a visitor arrives at the bedside and the curtains or doors are closed, please discuss with staff before entering the room.

- Visitors **MUST** wash their hands before entering and leaving the unit.



- Some patients are cared for with special precautions to protect them, and visitors, from additional bugs and germs. If signs are located in the entrance to the patient room recommending additional precautions (gloves, gowns and/or masks), please follow the instructions carefully. Visitors are encouraged to ask ICU staff if there are any questions.
- When patients appear unconscious, visitors are encouraged to speak to patients and even hold the patient's hand as they may still be able to hear and sense that presence.
- Patients may need breathing tubes and will be unable to speak. ICU staff will use other ways to communicate.
- Any visitors with fever cough or diarrhea should seek medical attention through their own health care provider.
- Visitors who are sick should **NOT** visit an ICU.
- Frequently, patients are required to go for additional testing in a different area within the hospital. When patients return to the ICU, it can take some time to settle the patient back into the room safely. As a visitor, do not be alarmed if you arrive and the patient has gone for testing.
- If you plan to visit the ICU, consider calling in the morning to see if any tests are already planned, so you can time your visit around that.

## Communication

To help communicate important patient information and updates to family and friends, a spokesperson will be chosen. This spokesperson will be the main contact for ICU staff and will relay this information to the rest of the family.

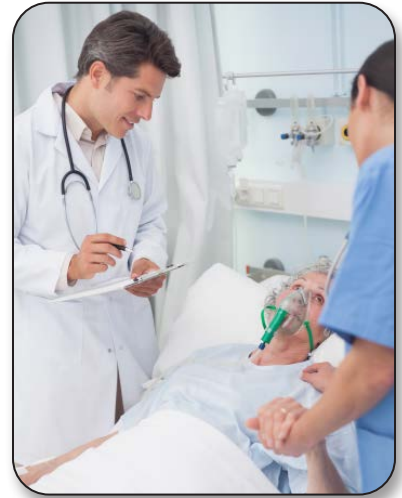
Friends and relatives of patients can help patients remember and understand information from ICU staff. It is a great idea to keep a journal for writing down questions and keeping track of information.

If any new information about the patient's medical history, medications or treatment wishes arises, please let the health care team know as soon as possible.

If patients wish to keep their hospital visit private, please let the staff know as soon as possible.

It's ALWAYS OK to ask.

- Ask what tests, treatments and medications are planned and what they are for.
- Speak to nurses, physicians or other health care providers directly about any questions or concerns.
- If further assistance is required, the Charge Nurse, Patient Care Coordinator or Manager of the unit can help.



## Care Decisions

If you are being treated in ICU, and **able** to communicate and make decisions, you will be asked to make decisions about the types of care and treatment you want. Your care team will carefully explain different treatments and their risks and benefits to help you decide what to do.

If your loved one is **unable** to communicate and make decisions about their care, your family may be asked to identify a Temporary Substitute Decision Maker. This person will make decisions about treatments and care options for your loved one until they are able to choose for themselves. The healthcare team can help your family identify a Temporary Substitute Decision Maker.

## Safety

### Patient ID and Allergy Bands

- Patients should always wear a hospital bracelet.
- This bracelet is checked by staff to ensure that they are delivering medicines or treatments to the correct patients.
- Patients with allergic reactions must wear an allergy band. If you know that a patient has allergies, but is not wearing a band, please inform the health care team and they will apply a band.



### Identification Badges

All staff, physicians and volunteers must wear an ID badge.

If the ID badge of a staff member is not visible, it is OK to ask them to tell you their name and their role in patient care.



## Restraints

The ICU experience can be confusing for patients. It is common for patients to want to pull at lifesaving tubes and lines. In some cases, soft straps, called “restraints” will be applied to patient wrists to prevent them from pulling out these lines. You may be asked to sit with the patient to help keep them calm and safe.

## Exercise

Gentle activity can be very important for patient recovery. If patients are able to walk and mobilize, it is important to keep safety in mind:

- A call bell should be available to the patient whenever possible.
- Health care teams should be made aware if the patient has a history of falling or unsteady balance.
- It is important to have comfortable non-slip shoes for mobilizing.
- Patients should have access to their regular glasses and/or hearing aids.
- Staff should be aware if a cane, walker or crutches are normally required.
- Patients in the ICU should not attempt to get out of bed without the assistance of a member of the care team.
- Visitors should not attempt to assist the patient in mobilizing without discussing with the health care team first.





## Delirium in the ICU

Is your loved one confused? This could be a common condition called delirium. Delirium causes a person's mind to become clouded and makes paying attention difficult. This isn't dementia. Some common causes of delirium are infections, severe illness, some medications, interrupted sleep cycles, pain, and dehydration.

Delirium can look different in different people. Some of the things you may notice are:

- Confusion
- Can't pay attention or follow directions
- Not knowing where they are or who they are
- Acting differently, such as:
  - Picking at clothes, lines or tubes
  - Seeing or hearing things that aren't there
  - Being afraid that they will be hurt
  - Acting out
  - Being unusually quiet
  - They are nervous or sad

The healthcare team will ask your loved one questions throughout the day to check for delirium. They will check your loved one's medications and help them exercise as soon as it is safe.

You know your loved one best! If you notice anything unusual or have ideas to help, talk to your nurse.

How can you help?

- Tell the care team if your loved one is not him/herself. How do they normally act?
- Remind your loved one of the day, date and time. Keeping a normal sleep schedule is very important.
- Provide glasses, hearing aids and dentures.
- Bring in family photos and personal items.
- Talk about family and friends, or read him/her a favourite book or newspaper.
- Help your loved one stay active (for example, bed exercises).

## Pain in the ICU

You or your loved one may experience pain and discomfort in the ICU. This discomfort may be caused by illness or injury, or from procedures experienced in the ICU. You will see the nurses asking about pain on a regular basis. The care team will do their best to manage and treat pain, but it is always ok to let staff know if you or your loved one is having pain.

## Sedation

When a person is in ICU, they may be given medication to help them relax and sleep. It is important to remember that the patient may be able to hear and understand words even if they look like they are sleeping.

## Taking Care of Yourself

When a loved one is ill, it can be easy to forget to take care of yourself. It is important to do your best to stay healthy right from the beginning. As your loved one gets better they may actually rely on you more. Here are some suggestions for coping and staying healthy:

- Sleep is very important for your health. Although it can be difficult to leave the ICU, do your best to get away from the hospital to sleep, even for a few hours.
- Eat balanced meals to keep your energy levels up during times of stress.
- Going for walks and getting fresh air can help.
- As much as possible, try to maintain your normal routines. This is especially important if you have your own medical condition to consider.
- If you seek spiritual care, in most cases, you can bring your own clergy to the hospital. If you would like to contact Spiritual Care services through the hospital, ask a member of the healthcare team for contact information.



## Being Discharged or Transferred to a Ward

When specialized care of the ICU is no longer required, arrangements are made for transfer to a general nursing ward.

It is normal to feel anxious about the move out of the ICU. The ward staff know that you will need some time to adjust to your move. You will not be able to see the nurses from your bed as you could in ICU. However, you can reach a nurse at any time by pressing your “call button”.

The ICU team will give a report about your condition to the nurses on your new ward to help them support recovery.



Please note:

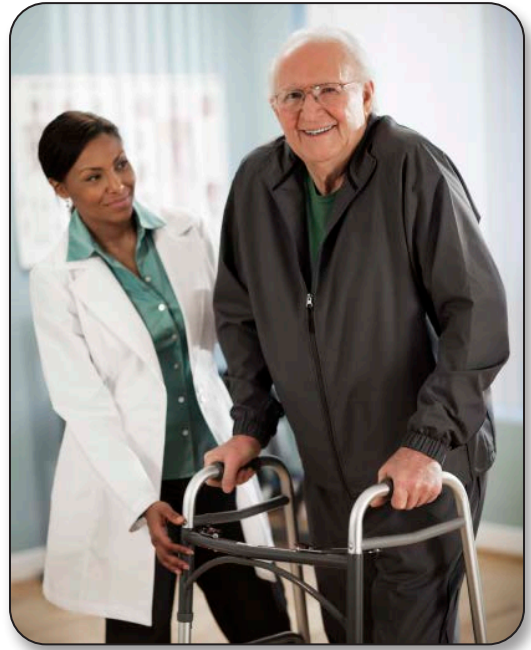
- Your room on the ward is based on care needs. Private or semi-private rooms may not be available.
- The process for visiting may be different, the nurses on the ward will let you know what the visiting routine is.
- Please ask someone to bring in personal care items when you are ready to be discharged, such as a housecoat or shaving supplies. Some of these are not supplied by the hospital.



## Common Reactions to Leaving the ICU

- Relief that the condition may be improving
- Worry about leaving the ICU and having more independence
- Concern about serious, and possibly long-term health issues
- Disappointment and frustration over continuing illness and length of recovery

We understand that your needs are unique. Your health care team will support you during this time. They are part of your recovery and will answer any questions from you or your family. We would like to hear from you so we can create a care plan that best suits your personal needs.



## Move to Another Hospital or Facility

The ICU cares for patients from this area as well as other communities. When you no longer require intensive care, you may be transferred back to your community hospital for further recovery from your illness. When you are transferred back to your local hospital you may first arrive in that hospital's ICU before being transferred to a hospital ward.

## After ICU Care

Recovery from critical illness takes time. It depends on many factors, including how long you were ill and how sick you were. Below is a list of some of the common problems and how you can try and manage them.

### Memory and Concentration

Your illness and some of the medications you received while in ICU may cause your memory to be hazy or absent. It may help to:

- Keep a journal about your hospital stay
- Write down questions for your health care team
- Write down information that the care team gives you

### Mood Changes

Sadness and anger are common reactions to being critically ill, and should go away with time. It is important to discuss your feelings with your health care team.

### Sleep

You may have temporary changes in your sleeping habits, such as falling asleep or waking up often during the night.

### Tiredness and Exercise

Gentle exercise and mobility will help your recovery. You may work with a physiotherapist to build your strength over time and reduce stiffness.

### Pain

Pain management is important in your recovery. Please let your nurse know if your pain is not well controlled.



## Body Image

After being ill, you may look different. These changes are often temporary and may improve as you start to eat better and move around more. Typical changes may be:

- Swelling of face, arms and legs
- Hair loss or thinning
- Weight loss or gain
- Skin changes
- Scars and marks should fade or even disappear over time



## Voice and Breathing

A sore throat, husky voice, wheezing and shortness of breath are problems that will usually go away with time. The doctors, nurses and respiratory therapists will monitor this. It is important to let your care team know if your symptoms are not improving.

## Nutrition

After a critical illness, it is common to temporarily lose your appetite or sense of taste. The dietitian can help you with your food choices and menu planning. If you were intubated in ICU, you may have some difficulty swallowing for a short time once the tube is removed. Your swallowing will be assessed to ensure that you receive a diet that is safe to eat.

## Family Members

Transfer out of ICU can be stressful for family members. Resources are available for support and can be requested through your health care team.

Support can be found from:

- Social Workers
- Aboriginal Patient Navigators
- Transition Liaison Nurses
- Spiritual Care providers

## Discharge Home from ICU

Some patients are able to go directly home after ICU. You may require some help when you first return home. Your health care team will discuss plans for your care after discharge from hospital.



Your medication may have changed during your stay in the hospital. Please review your medications with your health care team before you leave ICU.



### Final Note

Critical illness can be an upsetting and emotional time for you and your family. Talking about what happened and sharing your concerns may help you feel better.

Please ask questions about any concerns you have. It is important that you understand what has happened to you, and what you need to do to continue your recovery.

For more information about transitioning out of ICU, please review this website from the Society of Critical Care Medicine:

<https://www.sccm.org/MyICUCare/THRIVE/Post-intensive-Care-Syndrome>

We would like to hear from you! Tell us what matters you so we plan, maintain, and improve our care and services. A “Patient and Family Survey” is available for all Intensive Care Units as well as on the Interior Health Website:

<https://www.interiorhealth.ca/YourCare/HospitalCare/IntensiveCare/Pages/default.aspx>

The ICU Patient and Family Survey is accessible by typing this link into your device's browser:

<https://redcap.interiorhealth.ca/redcap/surveys/>

**OR**

Use your iPhone camera or smartphone QR code reader to open the survey.



Enter Code: RD38XXWMM

Important Contact Information	
ICU Phone Number:	Cafeteria Hours:



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