We understand that having a family member or friend in the Intensive Care Unit (ICU) can be a very stressful time. This booklet will help to answer some of your questions. It will also introduce you to the ICU team and give you tips on how to care for yourself. Please feel free to ask any member of the ICU team any questions you may have. Remember, no question is too simple to ask.
What is the Intensive Care Unit (ICU)?

The ICU is a unit where patients receive constant care and are closely watched by a highly specialized health care team.

Patients who are in the ICU are usually critically ill or unstable. The goals of the ICU are to:

- stabilize the patient’s condition
- keep the illness from getting worse
- prevent new complications
- provide specialized treatment to help the patient get the fullest possible recovery

The ICU has patient rooms that can be easily seen and accessed from the central station.

Each bed has a monitor that shows the patient’s heart rate and blood pressure.

Who are the ICU team members?

<table>
<thead>
<tr>
<th>Team member</th>
<th>How they help</th>
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</thead>
<tbody>
<tr>
<td>Business Clerk</td>
<td>Answers the telephone and provides clerical support to the ICU team.</td>
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<tr>
<td>Chaplain</td>
<td>Offers spiritual/religious care for patients and families.</td>
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<tr>
<td>Child Life Specialist</td>
<td>Supports the children of adult patients and helps them understand the patient’s hospital stay.</td>
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<tr>
<td>Dietitian</td>
<td>Assesses the nutritional needs of patients.</td>
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<tr>
<td>Environmental Aide</td>
<td>Cleans and stocks the unit with supplies.</td>
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### Team member | How they help
---|---
**Fellows/Residents** | • A doctor who has completed medical school and is studying to practice as a specialist.
**Intensivist** | • A doctor who specializes in intensive care medicine.
• There will be a different doctor each week, beginning every Friday.
**Pharmacist** | • Makes sure that medications are safe and effective.
**Physiotherapist** | • Helps patients to improve their strength, flexibility and balance.
**Registered Nurses** | • A nurse who is trained in treating critically ill patients.
• Provides ongoing monitoring and coordinates the patient’s care with the ICU team.
**Respiratory Therapists** | • Assesses and monitors the breathing needs of patients.
**Social Worker** | • Gives emotional support to families.
• Gives resources for coping and concerns.

### Sharing information with the ICU team

In the ICU, people work together as a team to provide care. Family and friends are important members of our team. Please discuss the patient’s wishes with the ICU team. Patients have a right to receive and refuse treatments.

Please bring a copy of any documents that might be useful in your loved one’s care such as:

- a list of medications
- past medical history
- any advanced directives such as a Living Will or Power of Attorney

The nurses, doctors and respiratory therapists are available 24 hours each day. Please speak to any one member on the team if your family member has a special need or a cultural practice that is important to him or her.
**Family meeting**

If needed, the family can meet with the ICU team. These meetings are usually booked ahead of time and can be asked for by the family and also the ICU team.

**Family spokesperson**

We ask that one person be chosen as the family spokesperson. This person can be a family member or a friend. The ICU team will speak to this person who can pass information on to family and friends. Information over the phone will only be given to the spokesperson. The nurse may not always be available to come to the phone, however your call is important to us and it will be answered.

Give the nurse all telephone numbers where the spokesperson and next-of-kin can be reached. It is important to leave a work and home telephone number.

**What are the visiting hours?**

Visiting hours are flexible and are determined based on the individual needs of each patient and their family. We ask that you do not visit during shift change and assessment. *This occurs between the hours of 7:00 to 8:30 in the morning and at night.*

There may be times that the ICU team will ask you to leave the ICU when they need to do assessments, tests and treatments. We will always try to keep you informed and involved.

Please discuss any special needs you may have regarding visiting with your family member’s nurse.
Who can visit the ICU?

Patients and families decide who may visit.

We ask that only 2 visitors at a time visit the ICU. Please talk to a member of the ICU team if you need to have more than 2 visitors at one time.

Children who are healthy and immunized may visit with an adult. Children who are close to a critically ill patient may benefit from visiting. A well planned visit may help a child to cope and to feel more secure. Parents are generally the best judge of whether or not a child is ready to visit. ICU staff members are here to help explain the ICU to children visitors.

Please call the ICU on the telephone in the Visitors’ Lounge each time you wish to visit. You will need to call even if you have left for a short period of time.

Please do not visit if you are ill.

Tell me more about handwashing

Critically ill patients are more at risk for infection. To prevent the spread of infection, please wash your hands before and after each visit.

What items do I need to bring to the ICU?

- Personal items such as pictures, tapes, books, stuffed animals and pillows may make the patient more comfortable. All items should be clearly labelled with the patient’s name. The hospital cannot be responsible for these items.
- Please take home personal items such as valuables, clothing and other belongings as there is limited space in the ICU.
- Patients and their families are responsible for personal items left at the bedside, including dentures and glasses.
How can the family help during visits?

Visit often. A little love and attention can help keep the patient on track and help you feel better too. Visits are important even if the patient is not alert. Do not be afraid to touch your loved one. A loving touch is a great way to communicate.

Some patients are in isolation

If your family member is in isolation, please speak with the nurse for instructions.

Cell phone use

You may use cell phones and BlackBerries in the hospital providing you stay at least 3 feet or one metre away from all medical equipment.

How do I enter and leave the ICU?

- Please call the ICU each time you visit by using the phone in the ICU Visitors’ Lounge.
- You may be asked to leave the ICU to allow the ICU team to care for your loved one. You may wait in the ICU Visitors’ Lounge. An ICU staff member will call you when you can return to the unit.
What does it mean when an alarm sounds at the bedside?

Remember, all patients are continuously monitored. The monitors at the bedside allow the ICU team to monitor the patient at all times. Alarms are not always a cause for concern. Often, just a slight movement causes an alarm to sound. An alarm is usually not a sign of an emergency.

Getting around McMaster

- The ICU is located on the main level (2nd floor) by the yellow elevators
- Payphones and washrooms are located across the hall from the ICU Visitors’ Lounge
- A coffee shop is located in the main lobby
- A cafeteria is located on the 1st floor
- Restaurants are located across the street from the hospital
- A bank machine is located on the main level
- A chapel is located on the main level
- A gift shop is located on the main level
- The ICU may be reached from within the hospital at extension 75693
How do I take care of myself?

You may have many different feelings while your loved one is in the ICU. These may include fear, depression, helplessness, frustration and loss of control. These feelings are all normal and to be expected.

Try to get regular sleep and meals. This will help to keep you healthy and thinking clearly so that you can support and make the best decisions for your loved one.

Do not feel that you must be here every minute of the day and night. If there is an important change, we will call you right away.

Accept help from your family, friends and neighbours. Your life at home may feel overwhelming at this time. Do not be afraid to ask for and accept help when it is needed.

Caring for yourself can be one of the most difficult things to do during the critical illness of a family member. By looking after yourself, you will be more prepared to deal with the ups and downs of critical illness, and be able to maintain your strength in the vent that the patient has a prolonged hospital stay or recovery time.

What are the patient’s wishes?

Not all patients will recover from a critical illness, some may die and some may survive with disabilities or with a reduced quality of life. When patients are unable to speak on their own behalf, we must rely on family members to communicate the patient’s wishes.

If your critically ill family member has previously communicated his or her wishes regarding health care, please share these with the health care team.

Interpreter service

Language interpretation service is available in the ICU. Please speak to an ICU staff member if you think your family member would benefit from this service.
Parking

Reduced rates for long-term parking (two weeks or a month) are available. Please ask an ICU staff member or the Parking Office staff for more information. The Parking Office is located in the underground parking garage beside the south (front) entrance.

Fragrance restricted

We are a fragrance restricted hospital. Please do not wear or bring perfume, cologne, aftershave, scented hair spray or other scented products.

Who may I call if I have compliments or suggestions?

A charge nurse is always available to speak with you at 905-521-2100, ext. 75693.

The ICU clinical manager is available Monday to Friday at 905-521-2100, ext. 73363.

Patient Relations is available Monday to Friday at 905-521-2100, ext.75240.

Doctor: _______________________________
Manager: ______________________________
Other: ______________________________

Following the patient’s transfer out of the ICU, a questionnaire will be mailed to their home address. A self-addressed envelope is provided. Comments and concerns about the patient’s stay are welcomed.
Terms you may hear in the ICU

Arterial line or art line
A very thin tube put into a small artery such as the wrist to measure the blood pressure and take blood.

Bedside monitor
A TV screen showing patterns that look like waves. These waves represent pressures and actions in the body such as blood pressure and heart rate.

Chest tube
A tube put in through the skin between the chest and lungs. This tube removes free air or blood that may make it difficult for the patient to breathe.

Dialysis catheter
A tube put into the groin or neck. It is hooked up to tubing on the outside of a dialysis machine. A dialysis machine cleans the blood and helps the kidneys work.

Endotracheal tube (ETT)
A breathing tube put in through the mouth or nose. It is connected to a breathing machine called a ventilator.

Foley catheter
A tube put into the bladder to drain urine.

Intravenous access

Peripheral Intravenous (IV) - A tube put into a vein in which fluids and medications are given.

Central line - A thin tube put into a vein in the neck or chest, just below the shoulder where fluids and medications are given. This is sometimes used to monitor the fluid levels in the body. This type of line is used over long periods of time.

Swan-Ganz - A tube, the same as a Central Line, but gives more information about the fluid and heart status.
Isolation rooms
A room for a patient with an infection that is easily spread to other people or is resistant to certain antibiotics. If your loved one is in an isolation room, please read the sign outside the room to see if a gown, gloves and/or mask are needed to enter the room.

Wash your hands before you leave the room and throw out the gowns, gloves and masks in the isolation room.

Nasogastric tube
A tube put through the patient’s nose and throat that ends in the stomach. It is used to feed or give medications to the patient, or to remove stomach contents.

Oxygen monitor
A small probe attached to a part of the body. It helps monitor the oxygen in the blood and the patient’s pulse. It is seen as a bright red light.

Respiratory equipment
Ventilator/Respirator - A machine that does the breathing work for the patient who is not fully able to breath on his or her own. It will bring oxygen in the right amount and at the right speed.

BiPap - A machine attached to a face mask that pushes air into the lungs.

Oxygen mask - A mask that brings a steady flow of oxygen.

TEDS
Tight knee stockings that support leg muscles and prevent pooling of blood in the legs.

Tracheostomy tube
A breathing tube inserted in the neck.

Wrist restraints
For the patient’s safety, soft cloth restraints are used to prevent a patient from pulling out tubes and monitoring devices.