

---

# **Intensive Care Unit (ICU)**

## **Hamilton General Hospital**

---

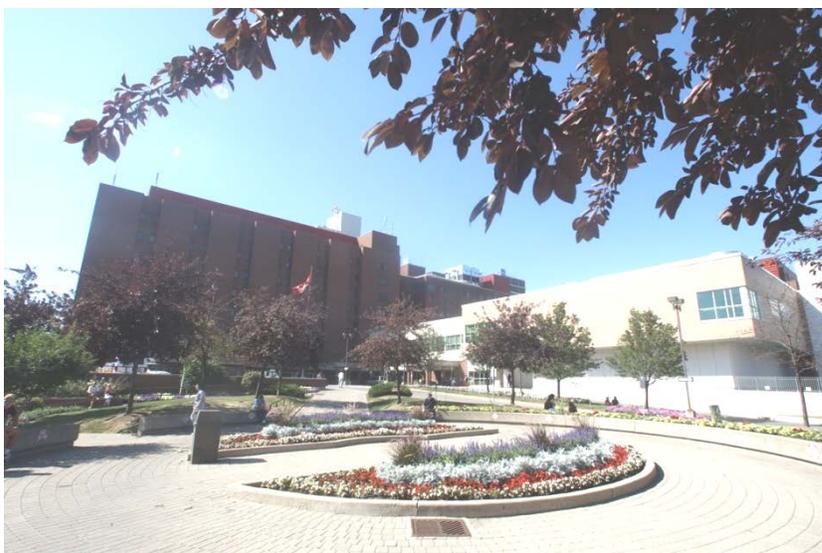
**Information for families and visitors**

**905-521-2100**

**ICU East.....ext. 46330**

**ICU South...ext. 44099**

**ICU West....ext. 46300**



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, introduce you to the ICU team and let you know of resources that are available to help you during this time. Please feel free to ask any member of the ICU team any questions you may have.

# Table of Contents

<b>Topic</b>	<b>Page</b>
What is the Intensive Care Unit (ICU)?.....	1
Who are the ICU team members?.....	1
Sharing information with the ICU team.....	4
Visiting the ICU.....	6
Prevent the spread of germs and infections.....	9
Isolation.....	10
Delirium.....	11
Getting around the Hamilton General Hospital.....	12
Parking.....	13
Caring for yourself.....	13
Mark Preece House.....	14
Transferring out the ICU to another hospital.....	14
Families and visitors.....	15
Smoke-free.....	15
Questions or concerns.....	16
Patient Experience.....	16
Equipment and monitors.....	17
Learning and information resources.....	21
Notes.....	22



## 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 make their fullest possible recovery



There are 3 ICUs:

- ICU West - Cardiac Unit
- ICU East – Neuro/Trauma Unit
- ICU South – Neuro/Trauma Unit

## Who are the ICU team members?

Team member	How they help
<b>ICU Coordinator (Intensivist)</b>	<ul style="list-style-type: none"><li>• A doctor who specializes in critical care medicine.</li><li>• The most responsible person for the care during the ICU stay.</li><li>• The coordinators rotate throughout the ICU's weekly, changing every Thursday.</li></ul>
<b>Fellow</b>	<ul style="list-style-type: none"><li>• A doctor who has completed medical school and working as a specialist in the ICU.</li></ul>
<b>Resident</b>	<ul style="list-style-type: none"><li>• A doctor who has completed medical school and is getting experience in the ICU.</li></ul>

<b>Team member</b>	<b>How they help</b>
<b>Physician Assistant</b>	<ul style="list-style-type: none"><li>• Works under the direction of the Intensivist to manage your medical care.</li></ul>
<b>Clinical Manager</b>	<ul style="list-style-type: none"><li>• Makes sure safety and quality standards, based on research, are followed on the unit.</li><li>• Oversees the day-to-day issues related to staff and patient care.</li></ul>
<b>Clinical Leader</b>	<ul style="list-style-type: none"><li>• Works with the Clinical Manager and ICU team to support and promote quality care for patients and families.</li></ul>
<b>Charge Nurse</b>	<ul style="list-style-type: none"><li>• Responsible for the day-to-day functions of the ICU.</li><li>• Is available to discuss the care your family member is receiving.</li></ul>
<b>Registered Nurses</b>	<ul style="list-style-type: none"><li>• A nurse who is trained in treating critically ill patients.</li><li>• Provides ongoing assessment, monitoring and coordinating of the patient care with the ICU team.</li></ul>
<b>Respiratory Therapists (R.T.)</b>	<ul style="list-style-type: none"><li>• Assesses and monitors the breathing needs of patients.</li><li>• Administers oxygen, breathing medications and therapies to help improve breathing.</li><li>• Manages the mechanical ventilator which supports patients who cannot breathe on their own.</li></ul>
<b>Dietitian</b>	<ul style="list-style-type: none"><li>• Assesses, develops and manages the nutritional needs of the critically ill patient.</li><li>• Provides and monitors nutrition therapy such as tube feedings.</li></ul>

Team member	How they help
<b>Social Worker</b>	<ul style="list-style-type: none"> <li>• Provides assessment, emotional support and counselling to patients and families.</li> <li>• Provides education and awareness of resources.</li> <li>• Provides advocacy for patients and families.</li> </ul>
<b>Physiotherapist</b>	<ul style="list-style-type: none"> <li>• Helps patients improve their strength and flexibility to prevent stiffness.</li> <li>• Helps to improve balance and walking.</li> <li>• Provides chest therapy to help clear secretions to improve breathing.</li> <li>• Will be involved with discharge planning.</li> </ul>
<b>Pharmacist</b>	<ul style="list-style-type: none"> <li>• Works closely with ICU team to provide information of medications, their use, interactions and required monitoring.</li> </ul>
<b>Chaplain</b>	<ul style="list-style-type: none"> <li>• Offers emotional, spiritual and counselling support for patients and families.</li> </ul>
<b>Speech/ Language Therapist</b>	<ul style="list-style-type: none"> <li>• Provides assessment and treatment of swallowing disorders.</li> <li>• Helps to improve ability to understand and communicate.</li> </ul>
<b>Clinical Educator</b>	<ul style="list-style-type: none"> <li>• Provides critical care education to staff.</li> </ul>
<b>Clinical Research Staff</b>	<ul style="list-style-type: none"> <li>• Making improvements in health care by conducting studies to advance and improve patient care.</li> </ul>
<b>Environmental Aide</b>	<ul style="list-style-type: none"> <li>• Keeps the unit clean and safe.</li> <li>• Stocks unit with supplies.</li> </ul>
<b>Students</b>	<ul style="list-style-type: none"> <li>• As a teaching hospital, students from all different health professions may be involved in your care.</li> <li>• Each student works under the close supervision of a fully trained professional.</li> </ul>

## 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. The nurses, doctors and respiratory therapists are available 24 hours each day. Patients have a right to receive and refuse treatments.

Please speak to any one member on the team if your family member has a special cultural or spiritual request.

### Important documents

Please bring a copy of any documents that might be useful to help with the care of your loved one such as:

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



### Family spokesperson

We ask that one person be chosen as the family spokesperson/contact person. This person can be a family member or a friend. The ICU team will speak and give updates to this person and they can then pass the information on to the rest of the family and friends. Information over the phone will only be given to the spokesperson. There will be times when the doctor or nurse may not be available to come to the phone.



Please give the nurse all telephone numbers where the spokesperson/contact person can be reached. It is important to leave a work and home telephone number.

## Family meetings

Family meetings can be requested at any time by family or by the ICU team.



## Substitute Decision Maker

If the health care team feels your loved one is not able to make an informed decision, a substitute decision maker is needed.

The substitute decision maker is someone whose role is to make decisions for a person who is not able to make his or her own health care decisions. There are laws in Ontario about making decision for someone else. The law provides a list of people who can be the substitute decision maker. In order of priority, these are:

- A Guardian
- The person named in power of attorney for personal care (not power of attorney for property)
- A representative appointed by the Consent and Capacity Board
- A spouse or partner
- A child or parent
- A parent with right of access only
- A brother or sister
- Any other relative by blood or marriage
- A Public Guardian and Trustee

In order for a person to be qualified to be a substitute decision maker, the person must be: capable of making the decision that is needed, 16 years of age or older (unless he or she is the parent of the child requiring care), willing and available to take on this role.

## Visiting the ICU

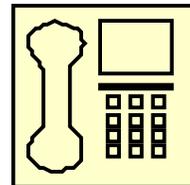
The ICU has open visiting hours. Family and friends can visit any time as decided by the patient and based on their care needs.

Open visiting hours allows family and friends to play an important role in a patient's well-being.

We do ask that you try not to visit during shift change. This occurs between 6:45 to 7:30 in the morning and 6:45 to 7:30 in the evening. The staff will be reporting the shift events to staff coming in and would appreciate having this time to focus on the information being communicated. There may be times that the ICU team will ask you to leave the ICU when they need to do assessments, care rounds, tests and treatments. We will always try to keep you informed and involved.



You may wait in the ICU Visitor's Lounge on the 3<sup>rd</sup> floor. It is located outside the ICU main doors. Please call the ICU (East, South or West) desk when you wish to visit using the phone located outside the Visitor's Lounge. When it is okay for you to visit, the main doors which are locked will be opened.



Please be considerate of this process as the ICU is unpredictable and sometimes results in delaying your visit. We understand that this can be frustrating but we ask for your understanding.

Also, please note that the hallways around the ICU are high traffic areas and we ask you not to stand in the hallways while waiting.

Please help us to take care of your loved one.  
There may be times when we limit your visiting.  
This gives the patient time to rest and heal.

## Who can visit the ICU?

Patients and families decide who may visit.

The number of visitors at one time will be determined in collaboration with the patient, family and health care team.



Children of any age are welcome to visit with the support of an adult who is familiar to them such as a parent or grandparent. Please talk to an ICU team member so we may help you plan your visit.

Please do not visit if you are feeling unwell, have a cold or other respiratory infections.

## ICU Visitor's Lounge

- Be mindful of the number of visitors at any one time to allow room for other families.
- Please speak quietly.
- Do not leave children unattended.
- Do not leave any valuables unattended. The hospital is not responsible for lost or stolen items.

If you have any special requests or needs regarding visiting please discuss them with your family member's nurse.



## Oasis Rooms

There are 3 Oasis (quiet) Rooms available for the families of our most critically ill patients. This allows the families in crisis to have a temporary quiet place to rest.

Usually a family can use the room for up to 24 hours. However, we may ask you to leave the room before the 24 hours if another family needs the use of the room.

Thank you for your patience and understanding.

## What items do I need to bring to the ICU?

- Please bring only basic personal items for your loved one such as glasses, dentures, soap, toothbrush and deodorant.
- Take home valuables, clothing and other belongings as there is limited space in the ICU.
- Turn off cell phones and pagers while you are in the unit as they may interfere with the medical equipment.
- Please do not bring in any flowers, plants and latex balloons, as they are not allowed in the ICU.



**Note:** If you bring in electronic equipment, we will need to have it checked by the Biomedical Technology Department for safety.

Patients and their families are responsible for personal items left at the bedside, including dentures and glasses.

## Prevent the spread of germs and infections

Stop the spread of germs and infections by cleaning your hands. Hand washing is the most important way to prevent and control the spread of infection. There are 2 ways to clean your hands.

You can use:

- Soap and water, or
- An alcohol based hand rub, make sure your hands are dry before you touch anything after using the hand sanitizer.



Always wash your hands

- before and after each visit,
- after using the washroom,
- after sneezing or coughing.

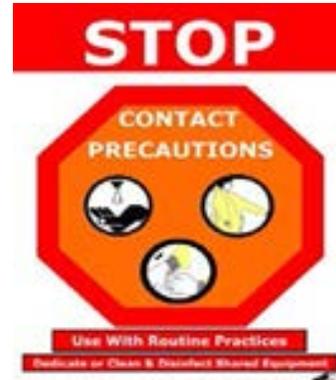


**Clean hands save lives.**

## Isolation

A patient is put in an isolation room if he or she has an infection that is easily spread to other people or if the infection is resistant to certain antibiotics.

If your loved one is in an isolation room, please STOP and read the sign that is posted outside the room. It will tell you if you need to wear a gown, gloves and/or mask before entering the room. Please ask the nurse to help if you are not sure.



## Reminders

- Clean your hands with the alcohol rub when you enter and leave the patients room
- Put coats and other personal belongings, such as hand bags in a clean area. Do not put any personal belongings on the patient's bed or any other surface in the patient's room
- If you bring any food or drink into the patients room, do not take them with you when you leave. Throw out disposable containers in the garbage in the room.
- Before you leave the patient's room, place the gowns in the laundry bin and gloves in the garbage.
- Clean your hands with alcohol rub after you remove the gloves.



# Delirium

Delirium is very common among critically ill patients. It is a very sudden confused state of mind. People with delirium find it difficult to think clearly and make sense of what's going on around them.

People with delirium can be agitated, upset, strike out at people, have difficulty focusing or mix up their days and nights. Sometimes they see and hear things that are not there. They may not recognize family or they may be non-responsive or emotionally distant.

There are many factors that can contribute to the development of delirium such as age, surgery, chronic alcohol or drug use (withdrawal), side effects of medication, poor nutrition, dehydration or a change in sleep habits.

## What helps to prevent delirium?

### Families:

- Make sure patients can see and hear us. Please bring in their glasses and hearing aids, a radio or iPod to let them listen to music they like.
- Speak to them in a calm and reassuring voice, use simple words and sentences. Talk about family and friends, and bring photos that remind them of home.



### The health care team will:

- Get them up walking or sit up in a chair if they are able and ready. Turn and reposition them often.
- Assess and manage their fluid and nutritional intake.
- Provide an environment to keep them on the regular wake/sleep routine. Limit noise, control lighting.
- Assess, treat and manage their pain and discomfort.
- Do daily assessments to help determine if the patient is showing signs or symptoms of delirium.



## Getting around the Hamilton General Hospital

- The ICU is on the 3rd floor.
- The ICU Visitor's Lounge is on the 3rd floor.
- Washrooms are located beside the ICU Visitor's Lounge. There are also washrooms outside the cafeteria on Level 1 and outside the Barton Bean on the Main floor.
- The cafeteria is located on Level 1 and is open Monday to Friday, 7:00 am to 6:30 pm.
- The Barton Bean is a coffee shop with food and snacks available. This is located on the main level and is open 24 hours a day.
- Vending machines are on Level 1 by the cafeteria and in the ICU Visitor's Lounge.
- A Spiritual Centre is available on the Main level 24 hours a day but if locked please contact hospital security to assist.
- A bank machine is available on the Main level by the coffee shop.
- The gift shop is located on the Main level.
- There are a number of restaurants located on Barton Street East that are within walking distance of the hospital.
- If you are not from the area, ask the social worker, nurse or business clerk for a list of local hotels or to put in a referral for the Mark Preece House.



## Parking

A parking ramp is available in the Victoria Street lot and there is an outdoor lot on Wellington Street.

Parking vouchers are available at a reduced rate in the Parking Office located on Level A of the Victoria Garage by the exit. They can be reached at ext. 44060.



If needed, ask the Parking Office about:

- Paying a flat rate for 24 hours and having in and out access.
- Purchasing a book of vouchers for longer term access.

## Caring for yourself

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.



Get regular sleep and eat well. This will help you to stay strong and think clearly, while you are supporting and making decisions for your loved one.

Do not feel that you must be here every minute of the day. 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 help from the health care team and accept help when it is offered.

## Mark Preece House

The Mark Preece House is available at a minimum cost for out-of-town families to stay close to the hospital while their loved one is being cared for. It offers private rooms, a shared kitchen, dining room and laundry facilities. It is located beside the Hamilton General on Barton Street East.

Please ask a team member for more information as a referral form needs to be sent on your behalf.



## Transferring out the ICU to another hospital

### Did you know?

Our Intensive Care Unit (ICU) provides specialized care for patients across South-Western Ontario with serious injuries or illnesses.

All patients staying in the ICU who do not live in Hamilton and no longer need this level of care will be transferred (or repatriated) to a hospital close to their home that can provide the right level of care needed.

This plan allows our ICU to admit other patients who have been in an accident or are seriously ill who need a higher level of care.

### What does “repatriated” mean?

Repatriated means a planned transfer of a patient to a facility closest to patient’s home that has the skills, services and resources to manage the patient’s care.

The ICU staff will plan and arrange every part of the transfer including:

- Contacting the hospital and health care team
- Communicating a health history and care plan
- Arranging transportation to the hospital

## Families and visitors

Being in the hospital can be frustrating and stressful.

Respect is important when challenges are experienced. The Mutual Respect campaign at Hamilton Health Sciences is about working together and supporting each other.



A Mutual Respect booklet is available for patients and families for more information. If you would like a copy of this booklet, please ask a staff member.

## We are smoke-free

Hamilton Health Sciences is smoke-free. This means that smoking is not allowed anywhere on the grounds, including parking lots, garages and vehicles.

For support or help to stay smoke-free:

- talk to a member of your health care team at Hamilton Health Sciences
- contact Smoker's Helpline toll-free at 1-877-513-5333 or [www.smokershelpline.ca](http://www.smokershelpline.ca)



## Questions or concerns

If you wish to share your feedback or compliments or feel your concerns have not been addressed, please talk with,

- Any member of the ICU team
- A charge nurse is available to speak with you 24 hours a day
- The ICU clinical managers are available Monday to Friday.

ICU East/South      ext. 44880 and 46322

ICU West              ext. 44683

Office of Human Rights is available at ext. 73475.

We welcome your comments and concerns.  
The ICU team is here to support you and your  
loved one. Remember ... you are not alone.

## Patient Experience

At Hamilton Health Sciences we welcome your feedback.

Hearing from patients and families is the best way to improve our care and services.

If you wish to share your feedback or compliments further, or feel your concerns have not been addressed, please contact the **Office of Patient Experience at ext. 75240.**

## Equipment and monitors – what you might see

The ICU has a variety of equipment and monitors that allow us to take care of your loved one.



### Bedside monitor

All patients in the ICU are attached to a bedside monitor. This monitor gives us information like heart rate, blood pressure, oxygenation, intracranial pressures and other values that will be used to help treat your loved one. The monitors at the bedside and the central station allow the ICU team to monitor the patient at all times. You may hear many alarms as this equipment is very sensitive but not all alarms are an emergency. Often, just a slight movement causes an alarm to sound.

### Monitoring devices, tubes and equipment:

- **Pulse oximeter** (oxygen saturation monitor) – a monitoring device that is placed on the patients finger, toe or ear lobe that measures the amount of oxygen in the blood.
- **Arterial Line (Art line)** – a small catheter that is inserted in an artery, usually the wrist, to monitor blood pressure.
- **Intravenous (IV) Catheters** -small tubes inserted into a vein, used to give fluid, medication and take blood samples. Central lines are inserted into large veins, peripheral lines in smaller veins.
- **PICC** (peripherally inserted central catheter) – when IV access is needed for a longer period of time.
- **Dialysis/Dialysis catheters** – for dialysis treatment which can be done while the kidneys are recovering from injury or as a permanent replacement of the kidneys.
- **Infusion pumps** – Fluids and medications can be delivered to the patient continuously. The pumps allow us to keep track of how much fluid a patient is receiving and allows for precise medication dosing. The set alarms can indicate infusion completion, or medication completion. The pump alarm settings are also programmed to be sensitive to changes in flow rate or pressures.

- **Urinary catheter (Foley)** – small tube inserted into their bladder held in place by a small balloon sitting in the bladder. The catheter is connected to a drainage system that allows us to monitor the patient's hourly urine output.
- **Oral Gastric Tube (OG) or Nasal Gastric Tube (NG)** – gastric tubes may be used to drain the stomach or used as a route for feeding or giving medications. If the stomach is to be drained the tubing will be attached to a suction canister that is either suctioning at a low intermittent rate or no suction at all depending on what has been ordered by the physician. The tube can also be connected to a feeding pump to deliver continuous or intermittent nutrition to patients.
- **Dobhoff Tube (DH)** – is a smaller feeding tube that is placed through the nose and inserted beyond the stomach into the small bowel and is used for feeding and giving medications. This tube is inserted when patients require longer term delivery of nutrition via the feeding pump. Placement of gastric tubes are viewed by an x-ray and verified by the physician.
- **Peg Tube (percutaneous endoscopic gastrostomy tube)** – may be inserted for long term placement for patients who are unable to safely swallow because of their decreased level of consciousness or disease process that affect the nerves used to swallow. It is inserted by the surgeon directly into the stomach, the outer portion of the tube can be attached to a feeding pump to deliver nutrition and give medications.
- **Cooling/warming blanket** – a blanket put over a patient to help control their body temperature. It is a way to apply cool or warm air to the skin to lower or increase their temperatures. In some cases we will need to cool the patients with the use of the cooling blanket but also use ice packs to help as well because the blanket is not cooling the patient enough.



## **Breathing tube/breathing machine**

Patients can require breathing tubes/ventilators for a variety of reasons. Many patients in the ICU need some or total assistance with breathing. The breathing tube (endotracheal tube) is placed in through the mouth and into the patient's windpipe (trachea). This tube is then attached to the breathing machine (ventilator). The ventilator forces air into the patients lungs through the breathing tube.



Depending on the patient's needs, the ventilator will be set to deliver the required amount of support. The Respiratory Therapist (RT) monitors and assesses the patient's needs and adjusts the settings on the ventilator to meet their needs.

To help prevent pneumonia, you will see the patient's head of the bed elevated at 30 to 45 degrees. There are times when the patient's condition will not allow for this to be done but it is assessed daily.

When patients have a breathing tube, they are not able to speak, drink or eat. However, if awake they may be able to write notes or communicate in other ways. The patient is assessed daily for the possibility of extubation (removal of the breathing tube).



## **Tracheostomy tube**

Some patients need a breathing tube for a longer period of time. They may not be awake enough to safely breath on their own or they need more time to recover from an infection in their lungs. Sometimes patients are unable to effectively cough and clear their own secretions, which puts them at risk for not protecting their airway.

The doctor will speak with you about replacing the endotracheal tube with a tracheostomy tube. It is a shorter tube which is inserted directly into the trachea (windpipe) through a small opening in the neck. It is more comfortable for the patient.

## **Chest tube**

Chest tubes can be inserted in the area outside the lung to drain air and fluid that has collected and caused the lung to partially or totally collapse. The tube is attached to a drainage system that will allow the lung to re-inflate as the air or fluid drains.

## **External ventricular drain**

An external ventricular drain (EVD) is used to monitor brain pressures. A small tube is placed into the brain, (usually a ventricle) and connected to the external draining and monitoring system. A raised Intracranial pressure (ICP) can be the result of a disease process, traumatic event or by surgery in the brain to secure an aneurysm or remove a tumour. When the pressures are increased the EVD can be adjusted to help drain excess cerebrospinal fluid and relieve brain (intracranial) pressure.

## **Sedation/analgesics**

The ICU can be a very busy and noisy place which can increase restlessness and agitation. To reduce anxiety and pain, sometimes we will use medication that can help with the discomfort or stress that the patient may be feeling.

We understand that it can be alarming to see your loved one asleep, but these medications are used to help make the patient as comfortable and relaxed as possible while in ICU.

## **Soft restraints**

You may see soft cotton restraints applied to the patients wrists. Sometimes patients can become confused, agitated and/or combative when in the ICU. We use restraints for the safety of the patient. The restraints are there to protect the breathing tube and any other lines that the patient may unknowingly try to remove. The need for restraints is assessed daily, and the decision is to leave on or remove is based on the patient's safety.

## Learning and information resources

- Wireless Internet Service is available for a fee [www.hhsc.ca/hotspots](http://www.hhsc.ca/hotspots)
- Hamilton Health Sciences [www.hhhsc.ca](http://www.hhhsc.ca)
- Quality and Performance for Public Reporting – Patient Safety Indicators [www.hhsc.ca](http://www.hhsc.ca)
- Personal Health Information Protection Act [www.health.gov.on.ca](http://www.health.gov.on.ca)
- Trillium Gift of Life [www.giftoflife.on.ca](http://www.giftoflife.on.ca)
- Patient Education Booklets: (available upon request)
  - Delirium or Acute Confusion
  - Preventing Delirium While in Hospital
  - Making Decisions for Others





