



# Intensive Care: Information for Families and Patients

The information in this booklet is based on 'An Information Booklet for Patients and Families: Intensive Care & Beyond' Griffith University, Gold Coast Queensland 2003 and the Society of Critical Care Medicine Information Booklets. [www.sccm.org](http://www.sccm.org)

*The aim of this booklet is to provide families and friends with information about the intensive care unit (ICU) and the period immediately after discharge from the ICU to the ward. Further information is available at reception, or from the ICU nursing and medical staff.*

*We encourage feedback regarding care of patients and families and about the information provided to you in this booklet.*

We may ask visitors to leave the room and wait in our waiting area when any patient within that area is being reviewed by the medical round. This is to ensure that we maintain privacy for all our patients. The medical staff are available to discuss issues with you at your request. Please ensure the nurse caring for your loved one is aware that you would like to speak with the medical staff.

At any time if you encounter a difficulty or inconvenience and would like to discuss this, please speak to your bedside nurse or our Nurse Manager who would welcome your feedback or suggestions. If you would prefer, please feel free to fill in the Family Needs Survey as we welcome all feedback. This allows us to improve the ongoing quality of our service in the ICU.

## The Intensive Care Unit

The intensive care unit (ICU) at The Alfred Hospital is a specially staffed and equipped unit that provides care for patients with life threatening or potentially life threatening conditions. Here in the ICU we all share the same goal – to help patients and families through this difficult time. Our aim is to provide the best care to our patients and their families.

The environment in which we care for patients and their families is highly technical. Much of it will be unfamiliar to you therefore an explanation of some terms we use are provided in the glossary at the end of the booklet.

There is also a booklet on “Common ICU Procedures” available in reception. Additionally the bedside nurse can provide further information and explanation.



## Staff in the ICU

**Nursing staff**



A nursing staff, of approximately 300, provide specialist intensive care for patients. Each patient, or in some cases, two patients will have their own nurse providing constant bedside care and monitoring. Patients will be allocated a Primary Nurse who will oversee and co-ordinate their care. They will ask you questions about your loved one, so we can get to know them as a person while they are with us.

### **Medical staff**

Consultant intensivists who practice in the specialty of intensive care medicine lead our medical team. A team of registrar doctors, many of whom are studying to specialise in this area, supports them. The doctors formally see patients twice a day on a 'round' and continually review patients throughout the day and night, or as requested by nursing staff. There are doctors in the intensive care unit 24 hours a day.

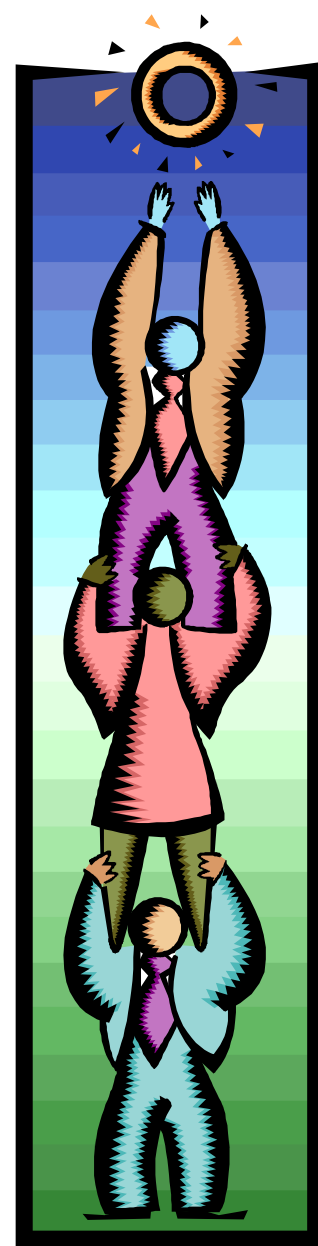
The patient will also be reviewed by their 'parent team' each day. The parent team is led by doctors specialising in the particular disease a patient presents with and will continue the care for the patient once they are discharged to the ward. Other specialist doctors and consulting teams may also be asked to see the patient whilst they are in the intensive care unit. Physiotherapists, dietitians, pharmacists, occupational therapists, speech pathologists, orthotists, radiographers and social workers all provide allied health services.

### **Ward clerks & Volunteers**

You will be greeted by one of our ward clerks or volunteers in the main reception area; they are also situated at each main desk area within the unit and can be helpful with many things, such as car parking, finding your way around the unit or accessing social work support.

**Ward support, technicians, cleaners and orderlies** are also important members of the ICU team.

Through collaboration and a genuine team effort we aim to provide the best possible care to patients and families.



## General Information

The receptionist (ward clerk) is present between the hours 7.00am and 9.30pm. The receptionist can talk directly to the bedside nurse and check that patients are ready for visitors. Out of hours the phone on the wall, next to the main door leading into ICU will give direct access to the nursing staff.

We have attempted to provide a comfortable area for families and visitors. **Tea and coffee facilities are provided within the waiting area, as are toilets and a computer.**

Also on the ground floor are a general shop with post office facilities, florist, pharmacy, hairdresser and a bookstore. Flowers are not permitted at the bedside for infection control reasons, restriction of space and the potential for electrical hazard.

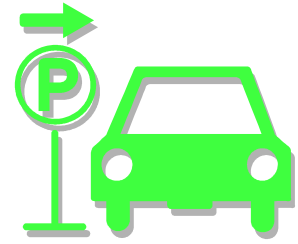
## Accommodation

There is no accommodation within the hospital itself. However, a list of accommodation in the local area is available at reception. If further assistance is required our receptionist can contact the social work department for you.



## Car Parking

Car parking is available in the visitor car park. Access is from Commercial Road. Limited discounted parking is available, please ask at ICU reception. The car park is open between 6am and 10.30pm daily. Restricted parking is available in the surrounding streets (parking inspectors are regular visitors to the area).



## Visitors

We recognise how important families and loved ones are in helping to make the patient well again. The ICU does not have structured visiting hours but allows visitors at any time providing the patient's privacy during procedures and medical rounds is maintained.



## Mobile Phones

We request that mobile phones and pagers are turned off before visiting at the patient bedside. Mobile phones may affect the function of life saving equipment. **Staff in ICU use specialist portable in-house phones for this environment.**

## Caring for family and friends

Having a loved one in intensive care can be a stressful and worrying time for families and friends. We care about both the patient and the family. Please talk to your bedside nurse about anything that worries you.

We have a social work service that offers a range of supports to meet both practical and emotional needs.



## Social Work

Social Workers offer short term *counselling* in areas such as: Adjustment to illness, trauma, injury and disability

Managing feelings of anxiety and depression

Changes in lifestyle

Family and relationships

End of life issues

Grief and loss

## Community Resources

Social Workers can provide information, referral and assist in accessing local community resources including:

TAC / Workcover claims

Accommodation

Financial issues

Legal issues

Counselling services

Specialist services for patients with complex care needs

### *Discharge Planning*

Discharge plans from the hospital wards may include referral to personal and home care services, rehabilitation, respite care, aged care facilities, palliative care or to another hospital.

If you would like to meet with a social worker please discuss with nursing staff and they will make the appropriate referral. Social Work hours: Monday to Friday 8.30am-5pm. The Social Work Department also provides an after-hours on-call service and a weekend response worker on site Saturday, Sunday and public holidays 9am-5pm.

### **Pastoral Care & Spirituality Centre**

A chaplaincy/pastoral care service is available to provide support to family and friends who have a loved one in hospital. Our receptionist can contact the pastoral care service for you.

The spirituality centre is situated on the ground floor heading east towards Punt Rd/car park and is open 24 hours a day for prayer/reflection/quiet time.

## Some questions you may have...

### *How do I get information regarding my loved one?*

The ICU is a dynamic environment with often rapidly changing patient conditions. We endeavour to provide daily, timely information on the patient's condition.

Families will be asked to identify a spokesperson who will then be able to inform family and friends of the patient's condition. This ensures that information about the patient is given to the appropriate people.

Also, it decreases the number of enquiries that staff receive about each patient. Both the nurses at the bedside and the ICU medical staff can provide information. If the medical staff are attending another patient there may be a short wait to speak with them. At times a more formal family meeting may be held involving nursing, medical and social work staff. When thinking of the questions you have, it sometimes helps to keep a list so when the opportunity arises to ask the staff you can recall them easily. If at any time you have a concern or do not feel you have enough information please do not hesitate to ask any of the staff for assistance.



Additional information is available at reception describing the benefits and risks of various procedures the patient may undergo as part of their treatment. ICU medical and nursing staff, are committed to continuous improvement of patient care. You may be approached by staff regarding research projects underway in the unit. This is part of our continuing efforts to find the best ways of treating patients.



### ***Is it O.K. to touch and talk to my loved one?***

Yes, touching is usually comforting - holding the patient's hand, brushing their hair - do whatever you think would make the person feel better. The nursing staff will guide you as to whether this is appropriate. This may be dependent on their current medical condition. **Occasionally**, the nurse will want you to wear gloves and a gown to avoid the spread of infection.

Always wash your hands before and after touching your loved one. Talk to them as you normally would, even if you are unsure they can hear you. Be supportive and loving and watch for any response.

### ***Do I need to bring anything in for my loved one?***

It is helpful for you to bring in your loved ones personal toiletries such as toothbrush and toothpaste, hair brush / comb, shaving accessories or any favourite soaps / body wash / deodorants.

Feel free to bring in family photos which we can display on the walls or favourite music (CDs) which we can play. If patients are awake and interested we have televisions available

### ***Can I help the nurse with care?***

In most instances the nurse will be happy for you to assist with some aspects of the patient's care (e.g. washing, massage, and leg exercise). Talk to the nurse caring for your loved one if you would like to assist with their care.

### ***How long should I stay?***

The ICU has an open visiting policy, which means in most instances we will try to accommodate you and the times it is convenient for you to visit. Both patients and families need rest, quiet time and nutrition. A lack of food and sleep may make you weak, unable to think as clearly and feel the effects of stress more strongly.



Exercise is very important in maintaining emotional health. Do not feel you have to be available at every moment. A trained medical team is caring for your loved one and will contact your spokesperson with any significant changes. You may be asked to wait in the reception area during your visit to enable procedures and treatment to occur. It is often best to talk with the nurse, to establish what is best **for both your loved one and yourself.**

### ***Why doesn't my loved one talk to me?***

There are many reasons why a critically ill patient does not speak. The breathing tube (endotracheal tube or tracheostomy tube) can make speaking impossible or very difficult. Often the patient receives medicine (sedation) to reduce anxiety and pain, this may make them sleep, have difficulty waking or become disorientated.

In a person who has been brain injured by stroke or trauma their ability to speak or stay awake may have been affected. Sometimes fluids, chemicals or toxins in the blood will make a person sleepy, disorientated or hostile.

Keep exchanges simple. You can help by not asking questions that require long answers and talking to your loved one in a soothing calm tone.

### ***What happens when intensive care is no longer needed?***

Leaving the ICU is a positive step and a sign that the patient's health is improving. High-level medical and nursing care may still be required, however the technology and close observation of the ICU is no longer needed.

As patients recover from illness, preparation begins for transfer to the ward. The team of doctors, nurses and allied health staff work together to make the decision to discharge patients from the ICU.

Patients and families may feel anxious about the prospect of leaving the ICU, especially if your stay with us has been a long one. You may have developed close relationships with the nurses and doctors in the ICU, the technology and constant monitoring may have made you feel secure.

Our ward staff are familiar with caring for patients who have been in the ICU and will continue the care required.

Our Patient Access Nurses liaise with the wards to co-ordinate discharges and a smooth transfer from the ICU to the ward.

On the ward, nurses will be caring for other patients as well. You will be able to call for the nurse at any time by using the call bell. As part of patient care plans the staff will encourage independence. As strength and condition improves patients require less assistance and intervention from staff.

### ***Do ICU staff visit on the ward?***

ICU involvement in patient care continues after transfer to the ward. **The Intensive Care Outreach Service** will visit your loved one once discharged and monitor their progress on the wards. **The Intensive Care Outreach team is made up of both medical and nursing staff who visit patients on the ward for the first couple of days after discharge from ICU.** The team will assess progress and ensure plans put in place on transfer from the ICU continue on the ward. We endeavour to lessen patient and family anxiety by preparing you early for the transfer to the ward and by maintaining contact with our follow up visits. Patients are reviewed as often as necessary by our **Intensive Care Outreach Service.**

### ***So what can we expect now?***

Recovery is different for all patients. Some patients spend only a short period in the ICU whereas others may spend weeks or months. Some patients will be much sicker than others. It is sometimes difficult to predict the rate of recovery and outcome as all patients are different. The following are some general issues that patients may experience after leaving the ICU.

**General weakness** – As patients recover and start to move around and mobilise more, it may become apparent just how weak they are. Sitting out in a chair may be exhausting at first. The nurses and physiotherapists will help patients to regain their strength and set realistic goals for recovery. In the beginning, short term achievable goals are

recommended. Plenty of rest between activities will help to regain some strength.



**Sleep deprivation** – Individual sleep patterns may have changed whilst in the ICU. The ICU environment is often not good for sleep as it can be noisy, patients require interventions and constant monitoring, and both the severity of illness and the medication we give for pain and anxiety can

interrupt normal sleeping patterns. It is easy to lose day-night routine. The ward is generally quieter with fewer interventions needed; in this environment sleep patterns will return to a more natural state.

Some patients have described experiencing bad dreams or nightmares following their ICU stay. These usually subside over time but patients may find it helpful to talk to family, friends or the nurse if these occur.

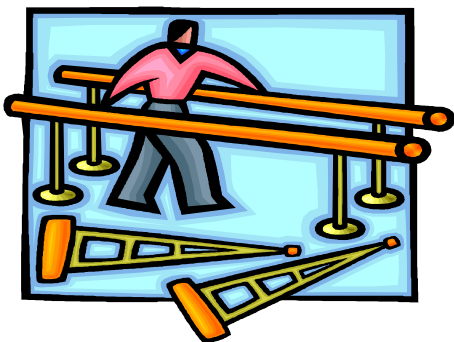
**Amnesia/Delusions** – Some patients may be troubled by not remembering what happened to them whilst in the ICU. The medication (sedation) we use to help patients tolerate treatments often have an amnesic effect so it is quite likely there will be times they simply will not be able to remember. Patients sometimes might even think they remember something that didn't happen at all. A delusional memory might be a bad dream had whilst in the ICU that they think might actually have happened. If patients would like more information about their stay in the ICU or would like to talk to someone about these issues ask to see the ICU Liaison Nurse.

**Eating and drinking well** – Healing relies on good nutritional intake. Whilst patients have been critically ill, it is likely we have fed them via a tube into the stomach or sometimes via a drip into a vein. Depending on the patient's circumstances, it may take some time before they can eat and drink well enough to maintain nutritional requirements. A dietitian will monitor nutritional status and food will be provided either to eat normally or via a tube.



When patients do start to take food and drink orally they may notice it tastes different or the mouth may be sore. This can be a result of the illness, some medications or the tubes they may have had in the mouth. It should resolve fairly quickly but let the nurse know of any concerns.

**Digestive alterations** – Patients may experience constipation, diarrhoea, bloating, or stomach ache as they recover. These symptoms may be the result of serious illness, surgery or drugs. Make sure you let the nurse know if your loved one is experiencing any of these symptoms so a treatment plan can be developed.



### ***What about when it is time to leave hospital?***

Another big step in recovery is when the patient is well enough to leave hospital. Both patient and loved ones may feel apprehensive and also excited about the next step. Preparation for discharge

will involve meeting with a variety of health professionals in the ward, such as social workers, occupational therapists and rehabilitative consultants. Discharge destination may be

home or a rehabilitation facility depending on individual needs.

Once discharged from hospital patients may realise the full impact of their hospital stay, the critical illness and subsequent decrease in general ability. Physical difficulties such as muscle weakness, joint stiffness, numbness, sleep and taste disturbance, hair loss and skin changes become more apparent at home. Some patients have said even when they are at home they continue to have dreams and flashbacks about their ICU experience.

We suggest setting short-term, achievable goals. Don't try to overcome all problems at once. There are help and support groups in the community. The social work department will be able to help identify supports available to you.

Patients will generally need to return to the hospital for outpatient appointments. Outpatient appointments are with your treating medical staff or sometimes with the allied health departments depending on individual needs. Appointments are arranged on the day of discharge.

## **Safety First**

We take the issue of your safety and well being seriously.

Here are some ways we can work together to make you a

### ***PARTNER IN CARE***

**C**ommunicating who we are and what we are doing.

It's important to know who is caring for your loved one and what treatments they may be receiving.

**A**sking questions that you may have as they arise.

Intensive care is a technical environment and it is difficult to take in all the information at once. If you would like more information or information repeated we would be happy to do so. Staff you may approach are -

- Bedside nurse
- Medical staff
- Nurse in charge of the shift
- Nurse Manager
- Patient Representative
- Social worker

**R**esponding to a loved ones critical illness.

We want you to look after yourself. Eat well and make sure you get some rest.

**E**nsuring you are comfortable with everything.

No question is too trivial or too basic – you could even ask us if we've washed our hands! *Whatever* concerns you concerns us.

## Terms you may hear in the ICU

**Arterial line** – a cannula inserted into an artery that allows frequent blood sampling and continuous blood pressure monitoring

**Arterial Blood Gases (ABGs)** – a blood sample from an artery that gives information on acid base balance and the concentration of oxygen and carbon dioxide in the blood.

**Bronchoscopy** – the use of a flexible scope, with light source and camera that is inserted through the ETT or tracheostomy. It allows inspection of the airways, removal of secretions or biopsy of tissue.

**Culture** – the taking of body fluids to test for infection.  
Commonly: blood, sputum, urine, wound swabs

**Central line** – a cannula inserted into a large vein that allows continuous fluid and drug infusion. Commonly inserted into the neck, upper chest or groin

**Central venous pressure (CVP)** – a pressure reading reflecting the amount of fluid in blood vessels

**Electrocardiograph (ECG)** – a recording of the electrical activity of the heart

**Endotracheal tube (ETT)** – a tube that is inserted through the mouth or nose into the windpipe, it facilitates the delivery of air and oxygen to the patient's lungs and the removal of secretions.

**Haemofiltration** – filtering blood to remove toxic substances when the kidneys fail to work normally

**ICP monitor** – this small catheter is placed inside the brain to closely monitor the brain pressure of patients with head injuries

**Inotropes** – intravenous medications that are used to support the heart and blood pressure. They are usually administered through the central line

**Intercostal catheter (ICC)** – a tube that is inserted into the chest to drain fluid or air from around the lung

**Monitor** – a machine that continuously displays physiological information. Commonly: heart rate, blood pressure, central venous pressure, oxygen levels, and temperature.

**Naso-gastric tube** – a tube inserted through the nose or mouth, down the food pipe to the stomach. It can be used to drain the stomach contents or deliver liquid nutrition

**Pneumonia** – an infection of the lungs. Treatment includes antibiotics and severe infection may require breathing support on a ventilator

**Sepsis** – a systemic reaction to a serious infection. A patient can become very unwell feeling drowsy with a high heart rate, fast breath rate and high temperature

**Suctioning** – is when the nurse places a long thin tube down the breathing tube (ETT or tracheostomy) to clear away sputum or mucous when the patient is unable to cough adequately

**Tracheostomy** – an opening into the windpipe through which a tube is inserted. A tracheostomy is sometimes performed if the patient requires breathing support for longer than 7-10

days or has a large amount of secretions or has a severely altered conscious state

**Urinary catheter** – a thin catheter placed inside the patient's bladder to accurately measure urine output

**Ventilator** – a machine capable of providing life sustaining breathing assistance.

Also see our booklet - Information About Procedures And Treatments In The Intensive Care Unit – available at ICU reception.

## Questions