



TheAlfred

## 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, ICU Steps, the Society of Critical Care Medicine Information Booklets ( [www.sccm.org](http://www.sccm.org)) and those from **The Intensive Care Society** (with the support of the Department of Health, the BACCN and the National Outreach Forum) and The Chelsea and Westminster Hospital NHS Foundation Trust.

For patients and relatives, the experience of being admitted to ICU can be frightening and very worrying. The aim of this booklet is to provide families and friends with information about The Alfred's Intensive Care Unit (ICU). This booklet should be read in conjunction with the booklet entitled: "Information about Procedures and Treatments". Further information is available at our website: [www.alfredicu.org.au](http://www.alfredicu.org.au) , where you will also find copies of these booklets in the "Patients and Relatives" section on the home page.

If you have any queries or require further information, please ask at reception, or the ICU nursing and medical staff.

The nursing staff at the bedside will be able to provide you with lots of information about your relative. The medical staff is also 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.

## TELL US WHAT YOU THINK

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.

*We encourage feedback regarding our care of patients and families and about the information provided to you in these booklets.*

Also, we would appreciate it if you could complete the Family Needs Survey available in reception so that we may further improve the service we provide you.



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## 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. It is one of Australia's leading Intensive Care Units, admitting more than 3000 patients per annum.

The Alfred ICU provides a number of State Services, meaning that these services are not available in other ICUs in the State. We provide the State service for artificial hearts, ECMO and ECMO retrievals, heart and lung transplants, hyperbaric medicine and burns. We are one of two centers in the state providing HIV services, bone marrow transplants and trauma. We provide the national paediatric lung transplant program. We also provide adult cystic fibrosis, end stage pulmonary hypertension, end stage heart failure and haemophilia services.

The ICU is run and staffed by specialist doctors and nurses who have undergone extensive training in intensive care. Other members of the team include: pharmacists, dietitians, physiotherapists, occupational and speech therapists, orthotists, radiographers and social workers. Other staff include: Secretary, Database officers, Research nurses, Respiratory Room Technicians, Cleaners Biomedical Engineers, Engineering, Pastoral Care, Supply Department, Infection Control, Ward Clerks and Ward Support.

The length of time patients spend in ICU depends on how ill they are and may vary from a few hours to a number of months, although for the majority of patients, it is usually less than one week. Depending on how sick the patient is, they may have their own nurse, or a nurse shared between two patients.

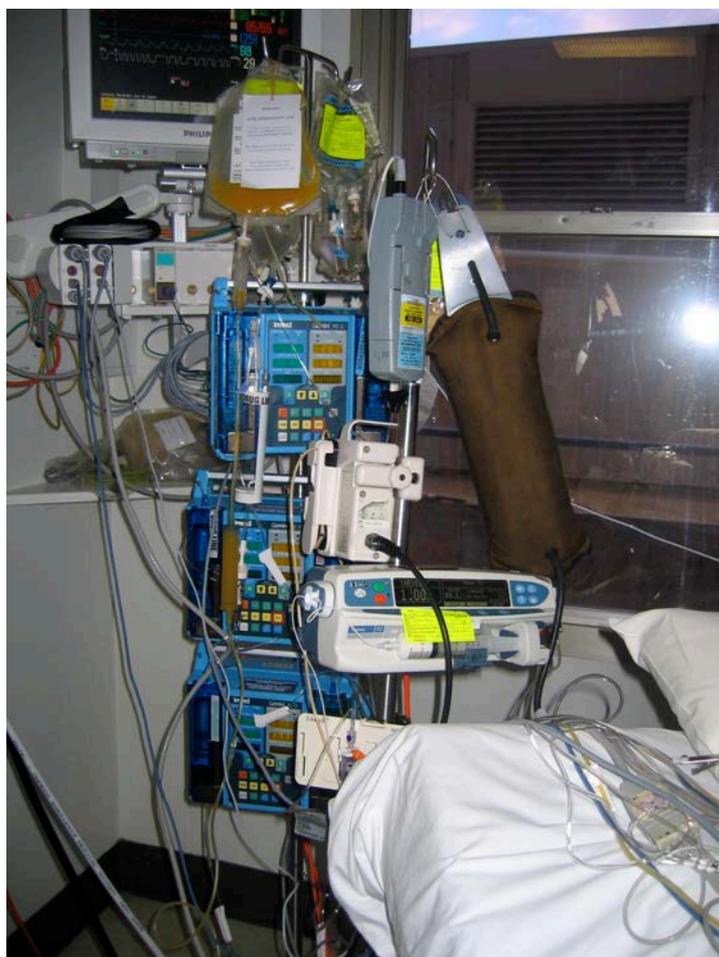


In The Alfred's ICU, the patients are divided into four pods, cardiac, trauma, general and surgical. Each pod is managed by a specialist doctor and a senior nurse, as well as a large number of other doctors and nurses. Our staffing is pretty constant with little difference between day and night and weekdays and weekends.

Patients in ICU often require large amounts of special equipment (see "Information about Procedures and Treatments" booklet). Many of the machines have alarms and flashing lights - please do not be frightened by these. The alarms are to attract the attention of the staff for a variety of reasons and don't mean that something is wrong.

Patients often need to be sedated to tolerate some of the ICU treatments. This level of sedation is much less than is needed for an operation and patients are often partially awake. Relatives often want to know if they can talk to the patient or touch them and this is usually encouraged. Please remember that, although unable to speak, your relative or friend may be able to hear you. Reassuring voices and contact can be of real help. If you ask the patient questions, they should be put so that they can be answered with a nod or shake of their head, because they cannot speak.

One of the results of sedation is that the patient may not have any memory of their time in ICU and some relatives have found it helpful to keep a diary of the patient's stay. This can be of great help to the patient later, during their recovery.



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 and achieve the very best outcomes possible.

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 this booklet and in the “Information about Procedures and Treatments” booklet. Additionally, the bedside nurse can provide further information and explanation.

## Visiting times

- The ICU allows visitors at any time of the day or night, providing the patient’s privacy during procedures and medical examinations is maintained
- Too many visitors at one time can be very tiring for patients. We ask that visitors be limited to immediate family or special friends. We may have to limit the number of people at the bedside to one or two - this is due to lack of space and to minimize any disturbance to other patients. Please respect the privacy and confidentiality of other patients in the unit.
- If you are visiting at the time of ward rounds, you may be asked to leave when the round arrives to see your relative. This will depend on the doctor and what is happening with your relative. You will be asked to leave when the patient needs to be examined.
- You will also be asked to leave when nurses handover to one another as we need to do this without any disturbances so as to make sure we concentrate and don’t miss any information as we hand over from one shift to the next

## You need to look after yourself.

You shouldn’t feel guilty for not being by the bedside 24 hours a day. You need to give yourself a break and this will also give the patient time to rest. The patient will be very well cared for and the staff will contact you straight away if they need to or if there is any change in their condition.

There may be times when staff ask you to leave the patient’s beside. This is most likely because we need to do some necessary medical procedures.

Please note that food and drink are not allowed inside the ICU.

## Infection control

Infection control in intensive care is extremely important because patients are very ill and therefore can pick up infections easily. **It is essential that all visitors follow our hygiene rules.** The nursing staff can advise what you need to do.

- When you walk into the ICU you will find a bottle of hand rub next to the door. This is alcohol based and will evaporate. Please use this each time you come into the ICU and when you leave. This will help us cut down on infection.
- Please do not handle any equipment in the cubicle;
- Please don’t sit on patients’ beds;
- Do not bring flowers/plants into the unit;
- Do not bring any food or drink into the bedside area;
- If your relative is being nursed in isolation, the staff will instruct you on what you must do

## Involvement in nursing care

Sometimes relatives and friends can, if they wish to, help by carrying out simple but important tasks such as combing the patient’s hair or giving them a massage. The nurses will be happy to describe what tasks relatives and friends can do which will benefit the patient and assist in their support and comfort. This will be dependent on their medical condition at the time. Always wash your hands before and after touching your loved one. **Occasionally**, the nurse will want you to wear gloves and a gown to avoid the spread of infection.

## **One main contact per family**

The intensive care team, as part of the patient's treatment, will keep relatives informed of progress and of any difficulties being encountered. At busy times there may be delay before a team member is available.

It is always possible to make an appointment to see a senior team member, just ask the bedside nurse to organize it.

It is important for each family to nominate one person as the contact person, who will then be able to inform family and friends of the patient's condition. All other family members and friends can contact the nominated spokesperson for updates on the patient's condition. This allows us to focus on caring for your loved one, and ensures that your family get given the information that you need.

## **Patient Transfer**

At times it may be necessary to transfer your relative or friend at short notice, usually to a ward in the hospital, but on rare occasions, to another hospital's ICU. The reason for this is usually to admit a new emergency patient that requires the highly specialized care that only we can provide. The decision to transfer a patient is always made by an Intensive Care Consultant. Patient care and safety is of paramount importance. We will make every effort to inform you about this beforehand.

## **Patient Confidentiality**

When the patient is in hospital, their condition and treatment must remain strictly confidential between them and the staff looking after them. Any information about the patient will not be disclosed to anyone unless that person is the next of kin of the patient.

## **No Smoking Policy**

The Alfred operates a strict No Smoking Policy.

Relatives and friends are asked not to smoke in or around the hospital building.

## STAFF IN THE ICU



Through collaboration and a genuine team effort we aim to provide the best possible care to patients and families. Some of the staff you will encounter in the ICU will include:

### Nursing staff

More than 400 nursing staff work in our ICU providing specialist intensive care for patients. Nurses in ICU look after one or two patients only, depending on how sick the patient is. 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

21 specialists of intensive care medicine lead our medical teams. A team of 44 junior doctors, many of whom are studying to specialise in this area, supports them. The doctors see patients three times per 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. These doctors work in shifts.

The patient will also be reviewed by their 'parent team' each day. The parent team is led by specialists who will continue to care for the patient once they are discharged from the ICU 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

There is a physiotherapy service for all patients on the ICU. A team of three physiotherapists assess our patients on a daily basis to identify any areas that may benefit from treatment.

This may include:

- Listening to the chest and clearing the lungs;
- Maintaining a range of limb movements and mobility in bed, such as stretches and splinting;
- Strengthening exercises and facilitating mobility such as transferring to a chair and aiding walking.

## Dietitians

The dietitian plays a vital role in ensuring the patient receives adequate nutrition to help get over their critical illness. They will visit daily to check on patients. We monitor and graph each patient's nutritional input to ensure they are receiving the right amount of nutrients. The Alfred ICU has won "the best of the best" award two years in a row from a field of more than 150 sites from around the world for the way we provide nutrition to our patients.

## Speech & Language Therapists

The role of the Speech & Language Therapist in intensive care is to assess and treat eating and swallowing problems that critically ill patients may have, and also to help some of our patients talk even when they are attached to a ventilator.

## Radiographers

The radiographer takes images of the patient's chest using an X-ray machine.

## Pharmacists

The role of the pharmacist is to ensure patients are given appropriate medicines, in the correct doses and that side effects are minimized. The pharmacist also answers any questions staff have relating to medications, and regularly audits our practice. They may ask you for information about the medications that your loved one usually takes.

## Social Work

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

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

Social Workers also 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
- Bereavement counselling
- Funeral director

Social Workers also assist with **Discharge Planning** from the hospital wards.

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.

***If you would like to meet with a social worker please discuss this with the nursing staff and they will make the appropriate referral.***

## **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 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 and will assist in the care of your relative.

## **Interpreting service**

We are able to book professional interpreters for patients or families who have English as a second language. This service is provided by the Hospital without charge to our patients or their families.

## **Religious support : Pastoral Care & Spirituality Centre**

We have support for most religions and the staff will be happy to arrange for the appropriate person to be contacted should the patient or relatives or friend want to discuss any issue.

Our receptionist can contact the pastoral care service for you.

There is a non-denominational **spirituality centre** to provide a quiet place for peace and meditation for people of every faith and belief system. This 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

## **IF A PATIENT DIES**

In some cases, despite being cared for in the ICU and our best efforts, patients will die. This may be sudden and unexpected, but more often there will be warning signs that a patient is not responding to their treatment. In this case, hospital staff may have had time to prepare you for the possibility that your loved one may not recover. This may include an explanation to you that some forms of Intensive Care treatment are not helping your loved one, and so may be stopped.

Where death is imminent, staff may talk to you about caring for your loved one using the “Care of the Dying Patient” pathway. This is a guideline to ensure that your loved one is well cared for in the last hours or days of their life, and that you, their family and friends, are supported and informed of their care.

We are here to support you after the death of a loved one. You will be offered access to Social Workers, Religious support, and the support of our nursing and medical staff. We will try to assist you with practical information and to answer any questions you may have.

## **After a death**

The death of someone close to you can leave feelings of anger, numbness, tiredness and helplessness as well as deep sadness. Coming to terms with your loss can be a long process and a difficult one and it is perfectly natural for it to take time.

If you need assistance, please let us know. Our Social Work department can offer you assistance.

## **Organ and Tissue Donation**

Some patients who die in the Intensive Care Unit have the opportunity to help others through organ and tissue donation. If donation is possible, hospital staff will check the organ donor registry and discuss organ and tissue donation with you. Many people have made decisions in their lifetime about donation and it is important for the hospital staff caring for your relative/friend to find out what these wishes are.

## ICU RESEARCH

The Alfred ICU supports best care practices that have been tested and are safe and effective. We are able to provide this best care through research, performed here and around the world. The Alfred's ICU has a reputation for high quality research (see "Research and Publications" in our website ([www.alfredicu.org.au](http://www.alfredicu.org.au)))

### Why is critical care research important?

Critical care research is the best method we have to advance our understanding of diseases and improve detection, prevention and treatment of critical illness. Today many more patients are surviving serious illness than ever before. This is as a result of the generosity of previous generations of patients and their families and their willingness to participate in research.

Today, there are still many questions to be answered about treatments and care for critically ill patients. These questions can only be answered through clinical research – and your help is greatly appreciated by us and future generations.

### Informed Consent

Ethics committees review all of our studies to determine the risks and benefits of the research, and to make certain that they meet guidelines ensuring safety and confidentiality. Participation in any type of research is entirely voluntary and research staff will carefully guide you through an explanation of the study. Patients will receive the very best care regardless of the decision to be part of a research study.

### The Timing of the Consent Discussion

Some research must be started very soon after illness or serious injury, when the patient is unconscious and there is no time to contact their next of kin. This sort of research has undergone very careful and rigorous review by The Alfred's Ethics Committee. We do not want to overburden you with information when you are already worried and distressed, but recognize that you have a right to know if your loved one is participating in research. We always have your best interests at heart when deciding on the timing of this discussion but if at any time you feel you would like to know more please do not hesitate to contact research staff who are always available. Please ask the clerk in reception to contact us

## THANK YOU

We know that when a family member or loved one is critically ill, it is a difficult and stressful time. Together with the rest of the ICU team, we will guide you through and ensure that patients receive the very best of care.

## THE BEST PATIENT OUTCOMES

The Alfred ICU is proud that it achieves some of the very best patient outcomes in Australian & New Zealand tertiary ICUs. In 2011, The Alfred ICU were the gold winners in the Victorian Public Healthcare Awards for excellence in healthcare outcomes for ECMO.

In 2012, The Alfred ICU won "the best of the best" in an international competition for the second year in a row for the way we provide nutritional support to our patients.

In 2013, The Extracorporeal Life Support Organisation (ELSO) awarded the Alfred ICU the title of "Centre of Excellence".

## 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 with internet access.**

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).



## 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 special portable in-house phones for this environment.**

## 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 timely information on the patient's condition.

The nurse looking after your loved one will be able to give you information on your loved one's progress. Medical staff will endeavour to meet with you frequently – if you wish to meet with medical staff, please let your loved one's nurse know.

### 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 or favourite music (CDs) which we can play. If patients are awake and interested we have televisions available

## How long should I stay?

The ICU has an open visiting policy, which means you can visit at times that are convenient for you. Both patients and families need rest, and you should try to have time away from ICU to sleep, eat and exercise. A trained medical and nursing team is caring for your loved one and will contact your family's spokesperson if there are 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-killers, which may make them sleepy. Sometimes, your loved one's illness may also make it difficult for them to talk or to stay awake.

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.

## CHILDREN

You may need to consider whether a child should visit their parent or a close relative in an ICU. You should check with staff before bringing children to the unit and talk to the child about it. If the child decides they want to go into the ICU, prepare them for what they might see, including the machines, what they do and how the patient might look. We would also advise you to bring in something to occupy them during the visit.

What you can tell the child will depend on their age and why their parent or relative was taken into the ICU. You can help a child deal with the situation by :

- Trying to keep to their routine as much as possible (including school trips, seeing friends and going to after-school clubs if the child wants to);
- Making sure the child is looked after by someone they know – so they can feel safe at a difficult time;
- Telling the school – and any other relevant groups, that the child's parent or relative is in intensive care and explaining the situation and being honest if you don't know what is going to happen. If you are not sure – try to say something they can understand that will help the child feel secure and reassured - for example :

If the patient is a parent, try to make sure their child has special time with other members of the family (for example, reading bedtime stories together), as the child will probably start to depend on them more. The child may like to keep a diary with two pages each day – one for a brief description of each day and what they did and one for any souvenirs of the day (pictures and so on). This helps the child understand what is happening and makes it easier for them to talk to the parent about what happened in their life while the parent was in hospital. Some children may begin to act younger than they are. For example, they may start to suck their thumb or carry a favourite toy with them. This shouldn't be discouraged because the child is trying to find comfort at a worrying time. If you are concerned about them or their behaviour changes significantly, ask your GP whether the child could receive counselling or support.

Once the patient is out of the ICU, the child may need help dealing with what happened. This can be a gradual process and can take several months. At times, it may be helpful to mention the patient's

stay in hospital so the child knows they can talk about it. Let them ask questions, and ask them how they felt at that time. If the child is very young, they may find it easier to show their feelings by drawing pictures or acting out what happened.

Remember that children can ask very blunt questions, so if the patient doesn't feel strong enough to cope with this, ask another family member or friend to talk to the child about their experiences and feelings.

If the patient dies, the child will need special attention. Bereavement counselling services can provide special help for a young person whose relative has died.

## WHAT HAPPENS WHEN INTENSIVE CARE IS NO LONGER NEEDED?

Leaving the ICU is a positive step and usually a sign that the patient's health is improving. 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 within 24 hours of 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, 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 regain some strength.

**Sleep deprivation** –The ICU environment is often not good for sleep and it is easy to lose day-night routine. The ward is generally quieter and patients require fewer interventions; 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 not remember what happened to them whilst in the ICU. Patients might also think they remember something that didn't happen at all. 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** – 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 feeding tube.

When patients do start to take food and drink orally they may notice it tastes different or the mouth may be sore. This 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.**

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