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Intensive Care Unit



A Guide for Families
ICU Phone Number 905-472-7010

Notes

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We hope this information will be helpful to you. Please feel free to speak with any staff member or the nurse manager if you have any questions.

ICU Telephone Number: 905 -472-7010

b. Nurse

The ICU nurse is the first person you will meet in the ICU. All registered nurses in ICU/CCU have advanced training, including certification in Advanced Cardiac Life Support (ACLS). They provide ongoing assessments and treatments required for the patient. A nurse is the primary caregiver and will be with your family member 24 hours a day.

c. Respiratory therapist

The registered respiratory therapist (RRT) is an important part of the ICU team. The RRT is a specialist in airway management. The RT will care for patients by monitoring, evaluating and treating cardio-pulmonary (heart and lung) function. RRT's have specialized medical expertise and are responsible for the clinical management of ventilated patients in the ICU.

d. Dietitian

The registered dietitian works in collaboration with the multidisciplinary ICU team to promote optimal nutrition for the patient. The dietitian is responsible for assessing, implementing and monitoring the patient's nutritional needs. Nutrition counseling for the patient and families can be provided as needed.

e. Social worker

Social workers provide families with emotional support and counseling, help organize family meetings with the care team and provide referrals to community agencies. Please ask a nurse if you would like to speak with a social worker.

f. Physiotherapist

The *physiotherapist* evaluates the patient in order to treat and manage the physical complications of his/her illness. The physiotherapist will also work with the patient, family and staff to provide exercises, ensure safe transfers and improve function and mobility.

g. Speech language pathologist

A specialist who evaluates and treats communication disorders and swallowing problems.

h. Pharmacist

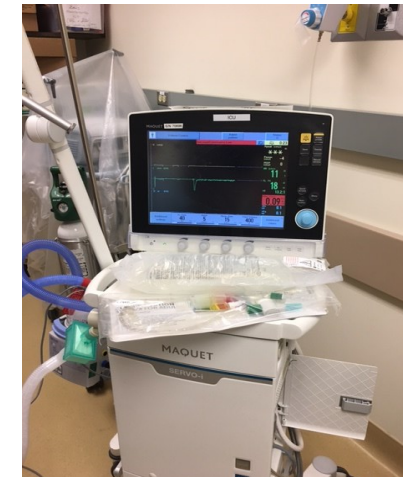
The pharmacist's knowledge about medications makes him/her a resource to the doctors, nurses, and patients.

IV and Feeding Pumps

The IV and feeding pumps deliver fluid or nutrition to the patient.



Ventilator



This is a machine connected to the patient's breathing tube to help them breathe. The patient is unable to talk while the tube is in their mouth, but they are still able to cough.

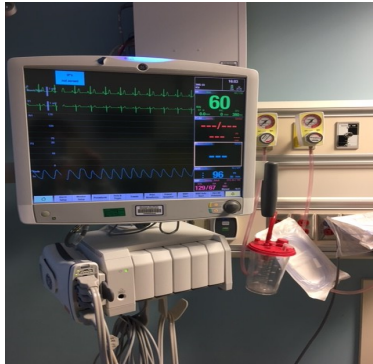
What type of equipment I may see in the ICU?

There are many noises and alarms in the unit. You will notice that most of the patients are surrounded by equipment and tubing. Each piece of equipment has its own alarm telling the nurse what is wrong. The nurses are skilled in understanding these alarms and respond appropriately. Do not let the alarms frighten you.

- A. Monitor
- B. Intravenous (IV) and Feeding Pumps
- C. Ventilator

A brief description of the equipment is listed below.

Monitor



The monitor is used to look at different measurements that are used to guide treatment of the patient. The monitor has many different alarms. Even when the physician or nurse is not at the bedside, the equipment sends messages to the central monitor at the nursing station.

i. Spiritual and religious care services

Should you or your family member need emotional or moral support, ICU has chaplains who have both spiritual and clinical experience to support you. They are available to be present with you, listen, arrange for spiritual resources/ rituals/ sacraments, mediate special religious needs and offer prayer according to your beliefs. Let your nurse know if you wish to see a chaplain, priest, or seek spiritual support for yourself or loved ones and we will contact them for you. You can also call extension 7106.

j. Occupational therapist

A healthcare professional who evaluates the need for splints and positioning devices to prevent joint tightness; keep joints mobile and to protect skin from breakdown. They will provide wheelchairs to keep patients safe and to allow patients to begin getting out of bed. The occupational therapist also evaluates thinking skills and self-care abilities and uses this information to assist the team/patient/family in developing a suitable discharge plan.

k. Family

The family is a member of our ICU team. It is very important for the patient to know you are here. The nurse will guide you in what you can do for your family member. Each patient is different, so what is okay for one patient may not be for another. Please ask your nurse what you can do.

What is your admission procedure?

When a patient is brought to the ICU, family and friends can wait in the visitor's waiting room. The ICU team admits the patient and begins treatment. As soon as your loved one is able to have visitors, you will be taken to his or her bedside. This can take an hour or much longer. It depends on the patient's condition. We ask you to be patient. We are doing all we can to attend to your loved one's needs.

When can I call or visit?

- The patient, if able, will determine who is allowed visitation privileges. Visitors must leave if asked to do so by the patient.
- Our ICU adheres to the 24 hour MSH Visiting hours, however Shift changes occur at 7 am to 8 am and 7 pm to 8 pm. We ask that all visitors refrain from visiting the patient during these times due to patient confidentiality. Visiting hours may change based on patient acuity and timing of admissions.

Can I eat or drink in the patient rooms?

We encourage you not to eat or drink in the patient room. Your family member's diet may be restricted. Do not bring your loved one food or beverages without first checking with the nurse. In addition, please check with a nurse before refilling water glasses in a patient's room as many patients are on a fluid restriction.

Can I use my cell phone in the ICU?

The use of cell phones or any wireless digital devices are not allowed in the ICU due to the sensitivity of our patient monitoring systems. If you choose to use your cell phone, you may use it in the ICU waiting room, hospital lobby, and cafeteria.

How can I take care of myself?

It is difficult to accept, but one of the best things that you can do for your family member who is in ICU/CCU is to take good care of yourself including plenty of rest and good nutrition. Taking care of yourself will enable you to make better sense of the information and events that occur during the illness. For quiet moments of prayer or reflection, the meditation room is open every day from 8 am to 8 pm in the main lobby beside the gift shop.

Where can the family gather?

Families and visitors of those in ICU/CCU are offered comfortable space in a dedicated waiting room and private quiet room adjacent to the unit. Many family members share this space. Do not leave any personal items unattended. Additional families and friends may wait in the main hospital lobby.

Can I leave my loved one's belongings and valuables ?

All valuables (jewelry, money) should be taken home if possible. If you want to keep it in the unit, please sign the patient valuable record; we cannot ensure the safety of your valuables.

May I bring flowers?

Fresh flowers and plants are not allowed in the ICU for infection control purposes. It would be best if flowers and plants are delivered after your family member has left the ICU. Cards and silk flowers are welcome.

Why do I need to wash my hands?

Critically ill patients are very vulnerable to infections. To reduce the risk of infection, we ask you to clean your hands by using the alcohol hand sanitizer or soap and water before and after entering the ICU. Make sure to dry your hands after cleaning.

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- The nurse will ask you to name a contact person for the patient. This person will:
 - Act as a primary representative for the patient's loved ones/family unit
 - Work with us to come up with a visiting plan, if needed.
 - We ask that, when visiting, you stay at your loved one's bedside or wait in the visitor's lounge to respect the privacy of other patients.
 - All visitors are required to use the telephone outside of the CCU prior to entering to ask if it is an appropriate time to visit.
 - With the discretion of the primary nurse, visitors may be asked to return to the ICU visitor's lounge during patient care. The nurse will inform you when you can return.
 - Only two visitors will be allowed at the patient's bedside at any given time.
 - Children under 12 years old may visit at the discretion of their parent or guardian. When visiting they must be supervised at all times. Our ICU social worker is available for consultation if necessary.
 - Please ask your loved one's nurse how to protect yourself and others when you are visiting someone in an "isolation room".

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- Please refrain from visiting a patient in the ICU while you are sick.
 - All patients, staff members, doctors, volunteers, and visitors are expected to:
 - treat others with courtesy and dignity while contributing to a quiet, healing environment
 - practice non-discrimination
 - communicate in a non-threatening tone of voice and body language
 - maintain confidentiality
 - Please refer to our "**Bill of Rights and Responsibilities at Markham Stouffville Hospital Corporation**" for further information

When will the doctor be here?

Due to different schedules and unknown emergencies, physician schedules cannot always be determined. If you have any specific questions, please feel free to leave them with the nurse.

How can I help my loved one in the ICU?

- Reassure your loved one of your support and presence.
- Touch and hold your loved one's hands.
- Talk to your loved one. Your loved one may be able to hear you or sense your touch even if he/she is unable to respond to you.
- Bring pictures of your family, newspapers, a calendar and a TV schedule.
- Music may be allowed when appropriate.

How will you keep us informed?

We encourage each family to designate a spokesperson who will speak with the nurses and physicians to obtain updates about the patient and share information with all family members.

Generally our nurses will have the most current information regarding the patient's care. The nurse who is caring for your loved one will let your primary spokesperson know if there are significant changes in the patient's condition.