

Care in the Intensive Care Unit (ICU)

South Shore Regional Hospital

Loved ones and support persons may visit the ICU at any time. Please limit visits when the nurses are changing shifts (7:30 to 8 a.m. and 7:30 to 8 p.m.).

Do not visit the ICU if you are sick. Patients are at a high risk of infection.

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Care in the Intensive Care Unit (ICU)

Your health care team

You will be cared for by a team. This includes people who are involved in your care each day, and people who are consulted or involved as needed.



Care team assistants (CTAs)

- CTAs help nurses with your personal care, mobilization (moving), and general unit tasks.

Clinical practice lead (CPL)

- A CPL does rounds (check on how you are doing).
- They help with patient assignments, and transfers in and out of the unit.
- They also give support to the health care team.

Dietitian

- The dietitian helps determine your nutritional needs and the best way to meet these needs.

Doctors

- An internal medicine specialist leads the care in the ICU. Other types of doctors in the ICU include:
 - › Respiriologists (lung and breathing doctors)
 - › Cardiologists (heart doctors)
 - › Gastroenterologists (stomach and intestine doctors)
 - › Residents (doctors who are finishing their training under the direction of the internal medicine specialist)
- Other doctors (like general surgeons) may be consulted as needed.

Health services manager (HSM)

- The HSM looks after the administration and leadership of the ICU. They support staff to provide patient and family-centred care.

Infection prevention and control (IPAC) staff

- IPAC staff help you, your loved ones and support persons, and your health care team learn about IPAC practices and policy.

Pharmacists

- Pharmacists review your medication orders and teach you how to use your medications safely.

Physiotherapist (PT)

- The PT works with your health care team to make a plan that encourages safe, early mobilization (when possible).

Registered nurses (RNs)

- RNs monitor and care for patients 24 hours a day.

Registered respiratory therapists (RRTs)

- RRTs assess and help manage respiratory (breathing) problems. They also monitor and adjust ventilators (breathing machines).

Unit clerk

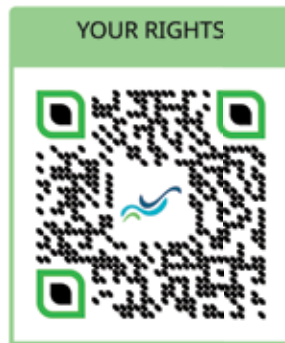
- Unit clerks answer the phone and greet you at the main desk. They can give directions and answer questions about the unit.

Social workers

- Social workers provide support and counselling for you, and your loved ones and support persons.
- They help organize meetings with you, your loved ones and support persons, and your health care team.
- They can refer you to community services, if needed.

Your rights and responsibilities

- You are the most important member of your health care team.
- It is important that everyone who visits the ICU understands the rights and responsibilities of Nova Scotia Health patients.
- Please see pamphlet 0466, *Your Rights and Responsibilities*, for information on quality care, dignity and respect, your health care, privacy, and uninsured services.
- To view the pamphlet, use the link or the QR code below, or ask a member of your health care team.
 - › www.nshealth.ca/patient-education-resources/0466



Scan the QR code on your smartphone (open the camera on your smartphone, point the camera at the code, and tap the banner or border that appears).

What to expect

While you are in the ICU, you may have a lot of equipment, not look like your usual self, and feel drowsy or not be able to talk. This may be because of the medications you are taking to keep you comfortable.

You are not alone. Your loved ones and support persons will talk to you, and your health care team is here for you. Please tell us if you have any concerns.



Lines, monitors, and alarms

- You may be connected to intravenous (I.V.) lines and monitors. These help us assess your health and changes to your care needs. The ICU is noisy and there may be a lot of alarms. This is common. The health care team is trained to know which alarms need action and which do not.

Heart monitor

- A heart monitor helps us keep a close watch on important information (like your heart rhythm).

Arterial line

- An arterial line helps us watch your blood pressure and get blood samples without using a needle each time.

Oxygen saturation monitor

- An oxygen saturation monitor helps us check the amount of oxygen in your body.

Medical care and equipment

- Your care will be based on your needs. Most people will have:
 - › **Routine tests:** These may include blood tests and chest X-rays.
 - › **Medications:** These are often given by a pump that delivers them into your vein, or through a tube that delivers them into your stomach (belly).
 - › **A feeding tube:** This is a tube that passes through your nose or mouth into your stomach. This tube can be used to give medications or liquid food, or to help keep your stomach empty, depending on your needs.
 - › **Mechanical ventilation (breathing machine):** This machine helps you breathe by delivering breaths through:
 - › An endotracheal tube (a tube that passes through your mouth into your windpipe)
 - or
 - › A tracheostomy tube (a tube that passes through a small opening in your neck into your windpipe)

- If you have a breathing machine:
 - › You cannot talk. If you are awake, your health care team can often interpret what you are trying to say by watching your lips, or you can write messages.
 - › You will need suctioning. This helps remove secretions (mucus) from your breathing tube.

Mobilization (moving)

- Mobilization is an important part of your care. The sooner you get moving, the better it is for your healing. A PT will support you to get moving right away. They will assess you to help your health care team decide:
 - › how active you can be.
 - › what your health care team can do to help get you moving.
- A member of your health care team may move your arms and legs or help you get out of bed.



Keeping you safe and comfortable

Delirium

- This is a type of confusion often seen in people in the ICU. To lower the risk of delirium, your health care team will:
 - › get you moving as soon as possible.
 - › lower the dose of your calming medications (if possible).
 - › limit checks at night (when possible) to let you get a better sleep.
- You may have a higher risk of delirium if you:
 - › take over-the-counter medications (including vitamins and herbal products).
 - › use drugs and/or alcohol.
- Please be sure to share this information with your health care team. This information will be kept private.
- Your loved ones and support persons can talk to you clearly and simply. They can reassure you, and remind you where you are and what is happening.

Pressure injuries (bedsores)

- This is an injury that happens when there is ongoing pressure on your skin and tissue. The skin and tissue break down, causing what is commonly called a bedsore.
- People in the ICU are at a high risk for bedsores. Some of the things we do to lower your risk are:
 - › Check your skin often
 - › Reposition (move) or turn you often
 - › Use a bed with a special surface to lower pressure on your skin
 - › Keep your skin clean and dry
 - › Give the right nutrition for your needs
 - › Get you moving as soon as possible

Blood clots

- Blood naturally clots (clumps together) to heal your body. If an abnormal clot forms, it can cause harm. Abnormal clots can happen to anyone, but they are more common in people who:
 - › Are very sick
 - › Have had surgery
 - › Do not move a lot

- To lower the risk of abnormal clots, we:
 - › will give you medications.
 - › may give you special stockings to help lower the chance of a clot forming in your legs.
 - › get you moving as soon as it is safe.
- For more information, please use the QR code or the link below, or ask a member of your health care team for pamphlet 1542, *Preventing Blood Clots While in the Hospital*:
 - › www.nshealth.ca/patient-education-resources/1542



When you leave the ICU

- Leaving the ICU can be stressful for you, and for your loved ones and support persons. You will not leave the ICU until you are ready for a different level of care. Talk with a member of your health care team if you have questions.
- For more information, please use the QR code or the link below, or ask a member of your health care team for pamphlet 1762, *After the Intensive Care Unit (ICU) - QE II Department of Critical Care (3A and 5.2 ICU)*:
 - › www.nshealth.ca/patient-education-resources/1762



Note: This pamphlet applies to all patients leaving any ICU.

Visiting the ICU

- Your loved ones and support persons play an important part in your life. They may visit the ICU at any time.
- Visitors must ring the doorbell at the ICU when they arrive.
- We ask that visitors do not call the unit when the nurses are changing shifts (7:30 to 8 a.m. and 7:30 to 8 p.m.). This helps to protect patient privacy and lets the nurses focus on sharing important updates with incoming staff.
- Due to available space in the ICU, we may ask that you limit the number of visitors at one time.
- Sometimes visiting is restricted because of patient procedures and patient rounds. If another patient is having a procedure, we may need to ask visitors to leave for privacy reasons.



Family waiting room

- The ICU has a family waiting room which is shared with other areas of the hospital. It is outside of the ICU, down the short hall to the unit. There may be other people in this room. If you learn information about another person, please respect their privacy and do not repeat the information.
- Please be respectful of this space and use the garbage and recycle bins.



Substitute Decision-Maker (SDM)

- Sometimes a person is not able to make decisions about their own health care.
- This may be because they are very sick or have been seriously injured. When this happens, another person is asked to make health care decisions for them. This person is called a substitute decision-maker (SDM). Your health care team will ask you to appoint an SDM when you are admitted to the ICU.
- You may have questions about what an SDM does and how to decide who should be your SDM. Please feel free to ask your health care team any questions you may have.
- For more information, please use the QR code or the link below, or ask a member of your health care team for pamphlet 2327, *Making Health Care Decisions for Someone Else: Acting as a Substitute Decision-Maker (SDM)*:
 - › www.nshealth.ca/patient-education-resources/2327



Family spokesperson

- When you are admitted to the ICU, we will ask you to name one (1) spokesperson. This is often your Substitute Decision Maker (SDM), but it does not have to be.
- Your spokesperson will be the main person to talk with your health care team about your condition and plan of care.
- They will help share news with your other loved ones and support persons.
- Having 1 spokesperson helps to limit the number of patient care interruptions (multiple phone calls and repeating similar information).

Bedside rounds

- Every day, your health care team will meet at your bedside to go over your progress and plan of care. This is called “rounds”. It gives you, and your loved ones and support persons, the chance to talk with your health care team.
- Rounds start around 9 a.m. and can last until early afternoon.
- Your SDM (see page 9), main support person, or spokesperson is welcome to attend bedside rounds.
- Team members will:
 - › review the previous 24 hours of care
 - › identify goals for the day
 - › talk about your current treatment plan
- We will do our best to help you understand and give you the chance to ask questions. If you do not understand something, or want to make sure you understand, ask a member of your health care team.
- Tell the nurse if you or your loved ones and support persons would like to have a private conversation, or more time to ask questions. They can help you arrange a family conference at a time that works for everyone.

Infection risks

- Sometimes, visiting may be restricted due to the risk of infection. This will be decided with the advice of Infection Prevention and Control staff.

Your loved ones and support persons should NOT visit the ICU if they are sick. People in the ICU are at a high risk of infection.

- All visitors must follow the health care team’s instructions about cleaning their hands and wearing gloves, gowns, or masks when visiting. Please refer to posted signs and ask questions if you are not sure.
- For your safety and the safety of all people in the ICU, all visitors must clean their hands with hand sanitizer before entering and when leaving the ICU.



Visiting with children

- Please ask the nurse before your visitors bring children into the ICU.

Photos

- To protect the privacy of all people in the ICU, talk to the nurse before taking any photos, videos, or audio recordings.

Care for loved ones and support persons

- It is important for your loved ones and support persons to look after their personal needs during this stressful time. Other people who have gone through this experience suggest:
 - › Try to eat regular, healthy meals.
 - › Recognize that you need rest.
 - › Take breaks from the ICU. For example, go for a walk or take a break in the family waiting room.
 - › If you take medication, keep your usual schedule.
 - › Talk with others about how you are feeling.

Goals of care

- Your goals of care are your priorities (what you feel is most important) for your health care. They are based on:
 - › Your values
 - › Your beliefs
 - › What quality of life means to you
- For more information, please use the QR code or the link below, or ask a member of your health care team for pamphlet 2208, *Talking About Your Goals of Care and Choosing a Level of Intervention*:
 - › www.nshealth.ca/patient-education-resources/2208



What if treatment is not helping my recovery?

- Your health care team will talk with you about possible next steps if:
 - › Your illness is too severe (very bad) to recover from.
 - › Your health may improve a little, but you will likely stay very sick.
- Next steps may include:
- **Continuing treatment and life support**
 - › This will give time for possible recovery.
 - › It is important to understand why a care option may be used, as well as its risks, benefits, and outcomes. Please ask your health care team if you have any questions.
- **Stopping or limiting life support, while keeping you comfortable**
 - › Even if a decision is made to lower or stop your treatment, you will still have pain management and emotional supports.
 - › Your care and treatment will be focused on keeping you comfortable and allowing you to die naturally.
 - › At end-of-life, loved ones and support persons must often make many decisions they may not have been expecting, like goals of care (see page 11), or organ and tissue donation.
 - › Your health care team may talk with you and/or your SDM about organ and tissue donation if neurological (brain) death or circulatory (heart) death are likely.

Organ and tissue donation

- Organ and tissue donation is coordinated through the Legacy of Life Organ and Tissue Donation Program. For more information, please use the QR code or the link below:
 - › www.nshealth.ca/clinics-programs-and-services/legacy-life



1. Sunnybrook Health Sciences Centre (2023, November 9). *End of life care*. Sunnybrook Health Sciences Centre. <https://sunnybrook.ca/content/?page=navigating-the-icu-end-of-life-care>
2. Gallagher, R. (2023, November 9). *Explaining Withholding Treatment, Withdrawing Treatment, and Palliative Sedation*. Canadian Virtual Hospice. <https://www.virtualhospice.ca/>

Common questions

Where can I find more patient and family information?

- Please ask the unit clerk to help you find more information, or visit our online patient education page by using the QR code or the link below:
 - › www.nshealth.ca/patient-education-resources



Are translation services available?

- If you, or your loved ones, or support persons need translation services, tell a member of your health care team. This service is **free**.

Who can I talk to if I have concerns?

- We are committed to providing you with the best care possible. If you have a concern, talk with a member of your health care team or contact Patient Relations:
 - › Phone (toll-free): 1-844-884-4177
 - › Email: WZpatientrelations@nshealth.ca
- Thank you in advance for sharing your thoughts with us.

What are your questions?
Please ask a member of your health care team.
We are here to help you.

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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