

Care in the Intensive Care Unit (ICU)

QE II Department of Critical Care (3A and 5.2 ICU)

Loved ones and support persons may visit the ICUs at any time. We ask that visits are limited when the nurses are changing shifts (6:30 to 8 a.m. and 6:30 to 8 p.m.).

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

3A ICU: Victoria General
1276 South Park Street
Halifax, Nova Scotia B3H 2Y9
› Phone: 902-473-6513

5.2 ICU: Halifax Infirmary
1799 Robie Street
Halifax, Nova Scotia B3H 3A7
› Phone: 902-473-8627

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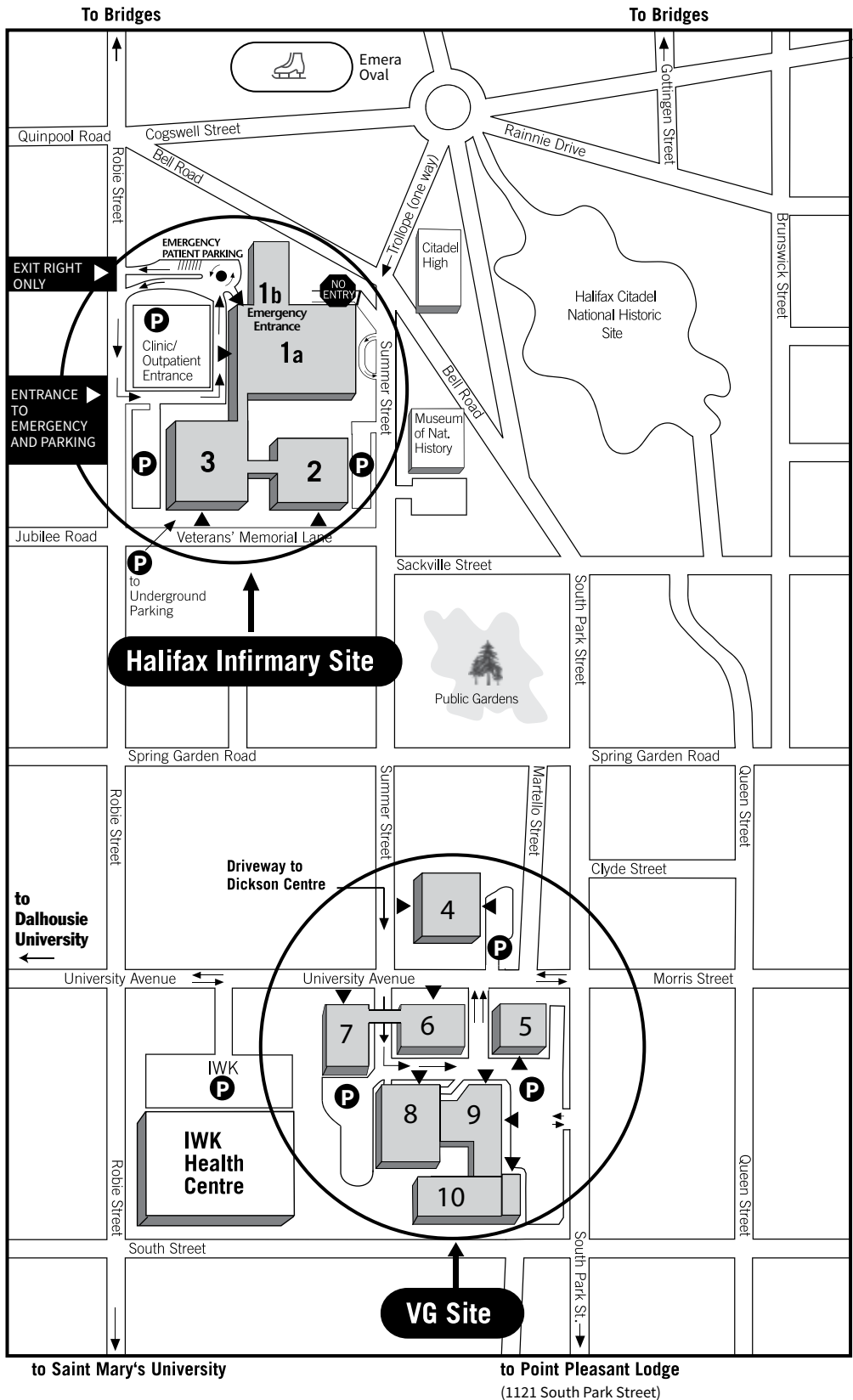
QEII Health Sciences Centre

is made up of 10 buildings located on two sites

- | Halifax Infirmiry Site |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 1a. Halifax Infirmiry 1b. Emergency Dept. 2. Abbie J. Lane Memorial Building 3. Camp Hill Veterans' Memorial Building |
| VG Site |
| <ol style="list-style-type: none"> 4. Nova Scotia Rehabilitation Centre 5. Bethune Building 6. Mackenzie Building Laboratories 7. Centre for Clinical Research 8. Dickson Building 9. Victoria Building 10. Centennial Building |

- P** Patient Parking
- ▶** Entrance Doors

Please do not wear scented products when you come to the QEII.



Care in the Intensive Care Unit

ICU 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.

Charge nurse (also called the “nurse in charge”)

- Charge nurses attend rounds and are responsible for patient assignments, transfers in and out of the unit, as well as supporting staff when needed.

Dietitians

- Dietitians help determine your nutritional needs and the best way to meet these needs.

Doctors

- There are many different types of doctors in the ICU:
 - › Intensivist (intensive care doctor) or attending physician: A doctor with special training who leads ICU care.
 - › Fellow: A doctor who is getting extra training to care for ICU patients.
 - › Resident: A doctor who is finishing their training under the direction of the intensivist or fellow.

Health services manager (HSM)

- The HSM is responsible for the general operations of the ICU. They oversee staff and support them to provide patient-centred and client-centred care.

Infection Prevention and Control (IPAC) staff

- IPAC staff help you, your loved ones/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.

Physiotherapists

- Physiotherapists work with other members of your health care team to develop a plan to encourage 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.

Ward aides

- Ward aides stock supplies and make sure the unit stays neat.

Social workers

- Social workers provide support and counselling for you, your loved ones, and support persons. They help organize family conferences and give referrals to community services, if needed.

Spiritual care worker

- Spiritual care workers offer spiritual and emotional support to patients, loved ones, and support persons of any background (including those who do not have a faith community).

Your rights and responsibilities

- You are an important member of your health care team. It is important that everyone who visits the unit understands the rights and responsibilities of patients at Nova Scotia Health.
- Below is the link to the Nova Scotia Health pamphlet that reviews patient's rights and responsibilities, including information on quality care, dignity and respect, your health care, privacy, and uninsured services.
- For the complete pamphlet with more information, please use the QR code, the link below, or ask a member of your health care team for pamphlet 1842, *Your Rights and Responsibilities*:
 - › www.nshealth.ca/patient-education-resources/1842



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

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 so that you are comfortable. Your loved ones and support persons will talk to you and reassure you that you are being cared for. You are not alone. Your health care team is there for you. Ask us about anything that is worrying you.



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 assess 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, including 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).
 - › Mechanical ventilation. This is a machine that helps you breathe. Breaths are delivered to you through:
 - › An endotracheal tube (a tube that enters through your mouth and goes into your windpipe)
 - or
 - › A tracheostomy tube (a tube that goes through a small opening in your neck into your windpipe)

- If you have a breathing machine, you cannot talk. If you are awake, the nurses can often interpret what you are trying to say by watching your lips, or you can write messages to them.
- If you have a breathing machine, you will need suctioning. This helps remove secretions (mucus) from your breathing tube.
- Most people will have 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.

Mobilization

- Mobilization is an important part of your care. The sooner you get moving, the better it is for your healing. Physiotherapists on the unit provide support to get you moving right away. They will do an assessment 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 the health care team may move your limbs (arms and legs) or help you get out of bed.



Keeping you safe and comfortable

- You are at a higher risk for more health concerns. By sharing information on your “*Get to Know Me*” form, you will help the health care team plan ways they can lower those risks. This form asks questions that help the team provide you with the best possible care. Questions are about your family, personal interests, lifestyle, care aids (like glasses and hearing aids) and your personal care routines. We will also ask you about your mental health (any recent confusion or fears, your sleep routine) and any drug, alcohol, and/or tobacco use. We will ask about any prescription and over-the-counter medications you take.
- If you are missing this form, ask a staff member for a copy. Once completed, please give it to your nurse.

Delirium

- This is a type of confusion often seen in ICU patients. To prevent or lower delirium, your health care team will get you moving as soon as possible and lower the dose of your calming medications (if possible). We will also limit nighttime checks (when possible) to allow you to get a better night’s sleep.
- We will also use the information from the “*Get to Know Me*” form to help connect and care for you (using your preferred name, routine, and aids). This will help you feel more comfortable if you have any confusion.
- Over-the-counter medications (including vitamin and herbal products), and drug and alcohol use can affect your risk of delirium. Please be sure to share this information with your team. This information will be kept private.
- Your loved ones and support persons can be involved by speaking clearly and simply to you. They can reassure and remind you where you are and what is going on.
- Your loved ones and support persons must talk to your nurse before removing your wrist restraints.

Pressure injuries (bedsores)

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

Blood clots

- Blood naturally clots in order 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, who have had surgery, or who do not move a lot.
- To lower the risk of abnormal clots, we give you medications or use special stockings to help lower your chance of a clot forming in your legs. We also get you moving as soon as it is safe.
- For the complete pamphlet with more information, please use the QR code, the link below, or ask a member of your health care team for pamphlet 1542, *Preventing Blood Clots While in the Hospital*:



Transfers between 3A and 5.2 ICUs

- Sometimes, you may need to be moved between 3A ICU (Victoria General site) and 5.2 ICU (Halifax Infirmary). Both ICUs offer the same level of care. There are different services available at each hospital. Patients are sometimes moved to be closer to the services they need.

When you leave the ICU

- Leaving the ICU can be stressful for you and 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 the complete pamphlet with more information, please use the QR code, link below, or ask a member of your health care team for pamphlet 1762, *After the Intensive Care Unit (ICU)*:
 - › www.nshealth.ca/patient-education-resources/1762



Visiting the ICU

- Loved ones and support persons play an important part in your life. They may visit the ICUs at any time.
- **Visitors must call the unit when they arrive.** There is a phone at the unit's door. The phone calls directly into the unit.
- We ask that visitors avoid calling **when the nurses are changing shifts (6:30 to 8 a.m. and 6:30 to 8 p.m.)**. This helps to protect patient privacy and allows time to focus on handing off care.
- Due to available space, 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. This is for the patient's privacy.



Family waiting rooms

- Each ICU has a family waiting room. Sometimes this room is crowded. If you learn information about another person, please respect their privacy and **do not** repeat this information.
- If you see that the garbage needs to be emptied or the room needs to be cleaned, please tell the unit clerk.



Family spokesperson

- We ask patients to name one (1) spokesperson. This is often your Substitute Decision Maker (SDM), but it does not have to be (for more information about SDMs, see page 11).
- 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 one (1) spokesperson helps to limit the number of patient care interruptions (multiple phone calls and repeating similar information).

Bedside rounds

- Every day, the health care team meet 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.
- **We recommend that your SDM (see page 11), main support person, or spokesperson attend.** This is the best time to find out what is going on and ask questions.
- Team members will review the previous 24 hours of care, identify goals for the day, and talk about current treatment(s).
- 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.
- If you or your loved ones and support persons would like to have a private conversation, or more time to ask questions, tell the nurse. 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. Patients 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.
- **For the safety of your loved one, please clean your hands with hand sanitizer before entering the ICU.**



Visiting with children

- Please ask the nurse before your loved ones and support persons bring children into the ICU.

Photos

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

Care for loved ones and support persons

- It is important for 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 visit the hospital's spiritual area.
 - › If you take medications, keep your usual schedule.
 - › Talk with others about how you are feeling.

Substitute Decision Maker (SDM)

- Sometimes a patient 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). The health care team will ask you to appoint an SDM when you are admitted to the unit.
- You may have many 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 that come up. Nova Scotia Health also has a detailed pamphlet that shares more information on this.
- For the complete pamphlet with more information, please use the QR code, 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



Goals of care

- 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 the complete pamphlet with more information, please use the QR code, 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



Spiritual Care Services

I am struggling. Is there someone I can talk to?

- Yes. Spiritual care can provide counselling for you, your loved ones, and support persons.

What if I am not religious?

- Spiritual care is for people of all spiritual beliefs, and for people without a faith community. We are happy to contact local clergy and leaders from all faith groups to help you. If you are not religious or spiritual, a spiritual care provider can still support you.

Spiritual care services:

- › are available to people from all faiths.
- › treat all faiths equally.
- › respect all beliefs, lifestyles, and backgrounds, in particular age, gender, ethnicity, sexual orientation, disability, and religion/belief.
- › include spiritual and religious care of all kinds.
- › respect your confidentiality. Spiritual care staff keep all personal health information private.

Spiritual care staff can help when you:

- › are having problems.
- › are experiencing loss or grief.
- › are feeling lonely, sad, or misunderstood.
- › need emotional and/or spiritual support.
- › are away from home.
- › have been in the hospital for a long time.
- › would like a visit before surgery.
- › have religious needs.
- › would like to receive sacraments.
- › would like a ritual for healing and health.

Spiritual care offers:

- Counselling
- Listening without judgement
- Help clarifying your values and priorities
- Working with beliefs and values
- Support in making difficult decisions
- Support and encouragement
- Help finding inner strength and resources

Places of prayer and meditation

- These rooms are available 24 hours a day as places of quiet, prayer, and meditation. They are open to people of all faiths, cultures, and traditions.

QE II, Victoria General (VG) site:

Room 2007, Victoria Building

QE II, Halifax Infirmary (HI) site:

Room 1211, Halifax Infirmary

Muslim Prayer Space:

Room 2008, Victoria Building

To request a visit, ask a member of your health care team or:

- › Call 902-473-4055
- › Hours: 8 a.m. to 4 p.m. (weekdays)

What are your questions?

Please ask. We are here to help you.

What if treatment is not helping recovery?

- In some cases, an illness can be too severe to recover from. Other times, a person's health may improve a little, but they will likely stay very sick¹. If this is the case, the health care team will talk with you about possible next steps. These may include:
 - **Continuing life support¹**
 - › Treatments and life support will continue to allow time for possible recovery.
 - › It is important to understand the intent, risks, benefits, and outcomes of available care options. Please ask the health care team if you have any questions.
 - **Stopping or limiting life support, while keeping them comfortable¹**
 - › Pain management and emotional supports will continue even when decisions are made to decrease or discontinue treatments.
 - › Care and treatment will be focused on maintaining comfort, and allowing the patient to die naturally.
 - › In an end-of-life situation, family members and support persons often make many decisions they may not have been expecting like goals of care (see page 11) and organ or tissue donation².
 - › Organ and tissue donation may be discussed with you and/or your SDM if neurological death (brain death) or circulatory death (heart stops) are most likely.

Organ and tissue donation

- Organ and tissue donation will be coordinated through the Legacy of Life Organ Donation Program
- For more information about the Legacy of Life Organ Donation Program, please use the QR code or visit:
 - › 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/>

Frequently asked questions

Where can I find more patient and family information?

- You can also ask the unit clerk to help you find more information, or visit our online patient education page by using the QR code or link below:

- › www.nshealth.ca/patient-education-resources



Are translation services available?

- If you, your loved ones, and 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 the best care possible for your loved one. If you have a concern, talk with a member of your health care team.
- You can also contact Patient Relations:
 - › Phone (toll-free): 1-844-884-4177
 - › Email: healthcareexperience@nshealth.ca

How can I give feedback?

We want to hear from you (patients, loved ones, and support persons)! To give feedback on your experience in the ICU, you can complete the survey as many times as you would like. The survey takes about 5 minutes to complete.

Please use the QR code or link or ask a member of your health care team for a paper copy of the survey:

- › <http://surveys.novascotia.ca/3A52Feedback>



Thank you in advance for sharing your thoughts with us.

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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