



Understanding Critical Care Areas

Information for Patients and Families



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OUR SHARED COMMITMENTS



Dignity and Respect



Safety and Cleanliness



Communication



Partnerships



Understanding



Privacy and Confidentiality



Understanding Critical Care Areas

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This booklet gives you general information about what to expect during a stay in a Critical Care area.

Please Ask Us... Please Tell Us...

As a patient or someone close to the patient, you are an important part of the care team. Please tell us about the patient and ask us any questions about the care we are providing.

- Give us the patient's complete health history including all the medicines and herbal remedies they are taking. Bring a list of the current medications with you.
- Check to see if all the information on the patient's hospital identification wrist band is correct. If it is not correct, tell the nurse.
- Ask caregivers if they have cleaned their hands before caring for the patient.
- If the medications or dosages the patient receives in hospital are different from what they take at home, ask why.
- Ask for information on any new medications they are receiving.
- Tell the nurse or doctor right away if you notice any changes in the patient's condition, even if it doesn't seem like much.
- Question anything that does not make sense to you or seems unusual about the care provided to the patient.
- When the patient is ready to leave the hospital, ask the doctor or nurse to explain the treatment plan to follow at home.

Remember

- Wash your hands often using plain soap and water or alcohol-based hand rub (hand sanitizer).

The Critical Care Experience

Being in a Critical Care area can be a very stressful time. Although some people know they will be in Critical Care following an elective procedure or surgery, often it happens because the person has become more ill and needs more involved care.

When first admitted to a Critical Care area, family members might be asked to wait while we do what is needed to stabilize and manage the patient's condition.

Please let us know you are waiting. Thank you for your patience in waiting while we provide care for your family member. We make every effort to keep you up-to-date about what is going on.

Choose a Family Contact Person

We know that information is one of the family's most important needs. The care team is happy to discuss the patient's condition with immediate family members and/or significant others.

To help streamline communication, we ask you to pick 1 person to be the main contact for the family. We will update the family contact regularly. We ask that the family contact pass on any relevant information to other family and friends. Having a family contact reduces the number of calls to the Critical Care area - calls which can take the nurse away from caring for the patient.

We might ask for a list of people that the patient would like to have visit. We might need to limit visitors to only immediate family and/or significant others, depending on the health of the patient.

If you do not understand or speak English well enough to have medical conversations, we can arrange for a medical interpreter in your language. You do not pay for this.

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What To Expect

Patients in Critical Care usually have a number of different tubes connected to them. These help us closely watch their condition. To keep them comfortable, we often give medicine to sedate patients.

If the patient is connected to a breathing machine (a ventilator), they will not be able to talk. This is because the breathing tube in their windpipe passes between the voice box. If awake, the patient might be able to gesture and write notes to communicate with you.

We encourage you to touch and talk to the patient. Even if they don't look like they are awake, often they can still hear you. It is important to be calm and reassure the patient - this is what they need, especially if the Critical Care stay was not planned. Most patients need to be reassured that all their responsibilities outside of the hospital have been taken care of for them.

Patient Care

The patient might need help doing different things such as washing. We will help with care when needed.

The physiotherapist works with the patient to keep their muscle strength and movement while they need to be in bed. We work on getting the patient up and walking as soon as their condition allows.

Sometimes we need to use restraints on patients so we can give the care they need and keep them from accidentally removing or disconnecting critical equipment. We are guided by our Least Restraint Policy. We choose the least restrictive restraint possible (usually soft wrist restraints). We only use a restraint for as long as needed and check regularly to see if it can be removed. Our goal is to remove restraints as soon as possible.



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Infection Control

Patients in Critical Care areas are already very ill and so they are more likely to pick up an illness and become even sicker.

Cleaning your hands might seem like a simple thing, but it is the single most important way we can prevent the spread of infection in the hospital. There are dispensers of alcohol-based hand sanitizer throughout the hospital and in the unit. We ask everyone who comes into the unit to clean their hands both on the way in and again when leaving.



Patients with certain illnesses might need 'Additional Precautions' to stop the spread of germs (often called Isolation or Contact Precautions). Depending on the infection, precautions could include wearing gloves, gowns and/or masks.

Please do not visit when you are sick or not feeling well.

Cultural, Spiritual, or Religious Needs

Please let us know if the patient has any cultural, spiritual, or religious needs. This can range from basic care (hair cutting or shaving) to medical treatment (such as blood transfusions) to end of life practices.

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Rounds

The care team gathers several times a day to review the changing condition and needs of the patients. This is called rounds.

Depending on the layout of the unit, we might need to limit visiting during these times to make sure we keep information about all the patients private and confidential.

Length of Stay

Patients are in Critical Care for a variety of reasons. We are often uncertain as to how long a patient needs to stay. Please feel free to talk to the doctor or nurse about what to expect.

Family Conferences

The doctor meets both informally and formally (family conference) to update the family contact on the condition of the patient and the plan for care. Any member of the care team or the family can ask for a family conference. If you would like to have a family conference, please speak to the nurse or the social worker. They will ask for the conference on your behalf.

Routine Tests

Blood tests and x-rays are usually done on each day and more often if needed. Other tests are done as needed.

If the patient needs to leave the unit for a test, we send along care team members with the patient to continue monitoring and providing care.



Visitors

Visiting hours are flexible. Please talk to the unit staff about what will work best for you and the patient.

The family contact might be asked to give us a list of people considered appropriate to visit. If the family is large, we might ask you to limit visitors to those closest to the patient.

If asked to wait before coming into the unit, please have patience. Patient care is always our priority.

Visiting with Children

Parents are usually the best judges of whether a child will benefit from visiting or might find it too frightening.

Children should be well prepared for what they will see. They must also be able to follow all infection control precautions. An adult should always be with children while in the unit.



Before bringing children to visit, check with the nurse.

Family Space

Some Critical Care units have limited private family rooms. We assign this space when needed. Please ask to speak to the nurse in charge if you need a private space.

We ask that you leave the room during its daily cleaning. We might ask you to leave the space if we need to reassign it to others.

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Taking Care of Yourself

When someone you know is very ill, you might feel any number of things – shock, anxious, helpless, sadness, anger, restlessness, unfocused – to name just a few. These are all expected and ‘normal’. One of the most important things is to take care of yourself. Your health and wellness is important to your loved one and to us.

You might find it helpful to put together a personal coping kit. This could have pictures, mementoes, books, magazines, a toothbrush, and other things to help you be comfortable during long days at the hospital.

To help cope, you might find it useful to buy a notebook. You could use one section to write down names of doctors and any questions you have. You could use another section to write a diary. Many families have found this to be helpful.

Stressful situations combined with not sleeping will eventually wear on you and make you prone to illness. So take time to look after yourself. Proper food and sleep helps you to listen and understand the information you are given. Try to eat healthy foods rather than convenient snack foods. When possible, get up and walk around. Exercise is important to maintaining emotional health.

Many people feel they must be available at every moment. You do not. A trained medical team is looking after the patient. Take breaks and use the supports around you. If many people are available, make a schedule to take turns at the hospital. Spending many hours at the hospital means other matters might not be attended to. Make sure you ask someone you trust to help with paying bills, gathering mail, and childcare if needed.

Remember the patient might be at the beginning of a long recovery. You will need your strength. Hospital resources such as unit social workers and unit managers are always available to help with practical matters and support that is required. Should you wish for spiritual support, we can ask one of our spiritual health professionals to visit.

Decision Making and Care Planning

We always ask our patients to give their own consent for treatment if they can. If a patient is not capable of talking with us about the plan for care, we will ask the family to decide on their behalf.

We will need to determine who will be the temporary substitute decision maker - the person who has the legal right to make health care decisions and sign consents for procedures (such as surgery) on the patient's behalf. This may or may not be the same person as the family contact person. Depending on your family structure, the person who is legally entitled to decide on behalf of the patient might prefer another person be the family contact.

We will share all information about the patient to the family contact, decision maker, and any others the family identifies. Other family and friends should request information through the family contact.

Advance Care Planning

When the doctor meets with the patient and/or family about the patient's condition and plan for care, plans for life support might be included. If there are instructions in writing or you are aware of the patient's wishes about life support, please let us know as soon as possible. If no one is aware of the patient's wishes, the temporary substitute decision maker is asked to decide based on the best interests of the patient.

Together, the family and healthcare team might decide the plans for and limits to treatment. A common limit to treatment is around Cardiopulmonary Resuscitation (CPR). Sometimes, when a patient's heart stops beating (a cardiac arrest), CPR might not be right for that patient. Please ask for a copy of the brochure '*Making Informed Decisions about CPR*' if you would like to learn more.



Transfers

When someone is admitted to a Critical Care area, it is possible they could be moved (transferred) to another Critical Care area in the same hospital or another hospital. Some specialized procedures are only available at certain hospitals. Within Fraser Health, we have a network of Critical Care areas which work to support each other in providing the best care possible.

Transfers not only benefit the person being moved, but also to the larger population of patients that we serve. The healthcare team bases their decision to transfer on making sure the appropriate level of care is provided to each and every patient that comes into our unit.

Once your condition has improved and you no longer need our level of care, we move you to a bed on a more appropriate unit. Transfer out of a Critical Care area is usually a positive step, but it can be very difficult to leave the unit with which you have become familiar.

Compared to a Critical Care area, there will be some differences on the new unit. You will notice different equipment and fewer nurses. Nurses might be caring for several patients at the same time. Nurses are not always at your bedside. Anytime you need help or to speak to a nurse, press the call bell.

At the time of the transfer, the doctor and care team who have been caring for you give all the necessary information to the new doctor and care team. This includes what has happened to you while in Critical Care and what your ongoing care needs are.

It might be quite some time before you are ready to go home. The new unit allows time for you to recover strength from the critical illness.

Delirium

Delirium is a common but serious medical condition. The person becomes confused. They have trouble thinking clearly and understanding the world around them. Delirium occurs quickly, over hours, or days. It can change from day to day. It is a temporary state and often gets better in a few days but may last longer. The effects of delirium could last after a person goes home from the hospital. They might have memory lapses or trouble concentrating and doing normal tasks. Every person is different.

Many things can cause delirium. Serious illness, infections, medications, lack of sleep, pain, and withdrawal from drugs, alcohol, or nicotine are only a few. Anyone can get it. We know some people are more likely to get delirium than others. The chances are higher with dementia, older age, heart and lung disease, infection, major surgery, head injury, and being male. People who smoke or use substances are also more likely to get delirium.

Delirium is not Dementia

Dementia is a disturbance of thinking. It develops over months or years, is permanent, and gets worse over time.

Delirium looks different with each person. Some people can be quiet and withdrawn. Others might be restless and have trouble staying still. Some people are mixed-up about where they are, have gaps in their memory, or have trouble sleeping during the night.

We check patients each day for signs of delirium. We look for and treat what might cause delirium. We also try to keep the Critical Care environment as normal to daily routines as possible. One way to reduce the chances of delirium is to have the patient wear their hearing aids and glasses. Another way is to get the patient up and out of bed during the day if well enough.

Safety is our top priority. We might need to use soft wrist restraints to keep the patient from pulling out important tubes. We check regularly to see if the restraints are still needed. We might need to give medicine to help reduce unsafe behaviour.

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How You Can Help

Familiar people are important in helping reduce and prevent delirium. Here are some suggestions that have helped other patients.

- Visit and reassure them that they are safe.
- Hold their hand.
- Speak softly using simple words.
- Remind them of the date and time and where they are.
- Talk about family and friends.
- Bring in familiar pictures from home.
- Bring in their glasses, hearing aids, and dentures.
- Keep a diary to help them fill in the gaps when they are home.
- Acknowledge strange dreams or hallucinations, remind them they are safe and the dreams and hallucinations are not real.

The effects of delirium could last after a person goes home from hospital. They may have memory lapses or trouble concentrating and doing normal tasks. Every person is different.

Have questions? We are here to help.

Speak to the patient's nurse or doctor. Ask for a copy of the brochure '*Delirium in the Critical Care Patient*'

Other online resources:

- BC Patient Safety and Quality Council Resources on *Delirium*:
bcpsqc.ca or bit.ly/2Qn8fUU
- *ICU Delirium for Patients and Families*:
icudelirium.org or bit.ly/2TtIh4g

Your Recovery From a Critical Illness

Critical Care is only one step in your road to recovery. Recovering from critical illness takes time. It depends on many things such as length and severity of your illness, and whether your illness means changes to your lifestyle. We describe here some of the common problems that a person can experience after a critical illness.

Amnesia

You may find your memory is hazy or absent at times from the illness or medication. It can be helpful to write down information and to refer to it until your memory returns to normal. Some people never recall exactly what happened in the Critical Care area.

Mood and Memory

It is common to have some memory problems and fluctuating moods - to feel down one day and up the next. You might feel sad, angry, or other emotions. You might have trouble sleeping, trouble concentrating, and lack of interest or energy. These are normal reactions to illness and should lessen with time. It is part of the healing process to have these feelings once in a while, but if they persist, tell us so we can help.

Sleep

Your normal pattern of sleep might change for a short time. You might have trouble getting to sleep or you might wake up often during the night. Some people experience nightmares or 'flashbacks'. This can be frightening, and you should tell your nurse.

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Voice and Breathing

You might find that your voice sounds husky (probably due to having a breathing tube in your wind pipe). This usually goes away with time. Your breathing might have changed or is not as strong as before. You might notice wheezing, congestion, or degrees of shortness of breath. We check your breathing pattern and rate regularly. Your doctor might order medication to help open up your lung passages and make it easier to breathe. Respiratory therapists and physiotherapists work with you on ways to strengthen your breathing.

Tiredness and Exercise

You might find yourself feeling weak and tired. Even though you had physiotherapy and range of motion exercises in Critical Care, you still need time to fully build up your strength again. Your arms and legs could feel heavy and might be swollen with fluid, making moving around more of an effort. Your joints might feel stiff and painful. To help with this, a physiotherapist continues to work with you to help you regain muscle strength and mobility. If pain is stopping you from moving around, tell your nurse.

Body Image

As a result of being ill, you could find that your appearance has changed. Your body might look swollen or you might have lost weight. A healthy diet will help restore lost muscle and improve strength.

You might notice changes in your hair or in the texture of your skin. These changes are almost always temporary. Some patients comment about scars and marks left on their skin. These are the result of procedures needed to care for you. Most will fade and some will disappear over time.

Pain

It is common to have some pain for a number of reasons. You might have existing or chronic conditions that cause pain (such as arthritis). Or you might have pain from recent surgery, injury, or being critically ill. It is very important that you tell us about any type of discomfort or pain so we can assess and treat it promptly. Most pain can be controlled with medications alone, or in combination with other therapies. Managing your pain well helps you feel better and recover faster.

Nutrition

It is common to have lost your appetite or to notice changes in your sense of taste (such as foods tasting saltier, sweeter, or taking on an unusual metallic taste). These usually get better with time.

A healthy diet is important to your recovery. You might find it easier to eat small amounts often rather than eating a large plate of food. The dietitian can help you with your meal choices and planning. If you are feeling sick to your stomach (nauseated), tell us so we can give you some medication to help.

You and Your Family

Critical illness is a traumatic event for everyone involved. It is normal to feel stressed, anxious, and tired. It can help to talk with someone about what is happening and sharing your concerns. Our social worker or a spiritual health practitioner can support you through this. Let your nurse know if you would like to talk with someone.



The Health Care Team

Members of your healthcare team can vary and you might not be familiar with what each does. Feel free to ask any of us more about our role.

Unit Clerks

These are usually the first people you meet on the unit. They can help when you wish to speak with any of the healthcare team. They also look after the clerical activities for the unit.

Critical Care Nurses

A critical care nurse is a registered nurse (RN) with specialty training in critical care nursing. They provide most of your direct care. Care ranges from personal care to managing the highly specialized drugs and equipment that might be needed to support body systems such as the heart and lungs. Depending on the unit, some care could also be given by a licensed practical nurse (LPN) or a health care assistant (HCA).

Doctors

Most Critical Care areas have a core group of doctors working in the area. Depending on the type of unit, these doctors might be lung specialists (respirologists), heart specialists (cardiologists), internal medicine specialist (internists), or critical care specialists (intensivists). All have specialty training to manage the overall care of critically ill patients.

Nurse Practitioner

Nurse practitioners are registered nurses with advanced education and nursing experience in critical care. They can assess, diagnose, and treat health problems. This can include ordering tests, prescribing medicines, and doing certain medical procedures.

Respiratory Therapist

A respiratory therapist (RT) is a specialist in the body's breathing system and treating breathing problems. Care ranges from breathing treatments and tests to managing of breathing tubes (artificial airways) and breathing machines (artificial or mechanical ventilation).

Physiotherapist

A physiotherapist (PT) helps ill people to turn in bed, as well as to get up and move around. With the nurse or respiratory therapist, the physiotherapist helps with deep breathing and coughing. The physiotherapist identifies exercises to help keep or build muscle strength. Moving around and building muscle strength are key activities that help a person get better so they can leave the Critical Care area.

Pharmacist

The pharmacist makes sure important medicines are continued (medicines that were taken for an existing health problem before becoming critically ill). With the care team, the pharmacist regularly reviews the medicines we are giving to make sure each person is getting the best possible medicines for their illness, including the right type and dose of the medicine. The pharmacist also checks to see how well the medicines are working and if there are any unwanted effects (side effects).

Social Worker

A social worker can help set up meetings with the doctors, clarify information, or provide any needed supports for the family. Social work can help you understand and manage the emotional stress of being ill or having a loved one who is critically ill. Social work can also help with any legal or financial matters that might arise as a result of hospitalization. Please feel free to ask to speak with a social worker.

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Dietitian

When critically ill, a person has a higher than normal (and different) nutritional needs. Dietitians calculate what each person needs and monitors their nutritional intake to make sure it is the right amount for their changing health needs.

Care Aide / Supply Attendant

Some units have staff who help with patient care, stock and clean equipment, help transport patients, and do other tasks.

Housekeeping

Housekeepers have specialty training on cleaning in hospitals (necessary to prevent the spread of infection) including how to clean in isolation rooms.

Students

We often have students or trainees from various health professions working with us. If they are involved in your care, they are always supervised.

Research

Research is a large part of what drives innovation in healthcare, and an important way that we improve the way that we care for our patients. Many of the units across Fraser Health have active research programs. Research that is conducted today will help to inform care practices tomorrow and helps to keep us on the cutting edge of knowledge and excellence in care.

Please be advised that during your time in the unit a Research Coordinator might ask you for consent to take part in a research study. We greatly appreciate your willingness to take part in research. You are helping us to continue to provide exceptional care in our units.



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Notes

Many families find it helpful to make notes or keep a journal about a patient's progress in the Critical Care area. These pages are provided so you can record anything YOU feel is relevant.



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Feedback

Fraser Health Family Satisfaction Survey

We recognize this is a difficult time for families and will try to meet your needs during this time. We welcome your feedback about the care you or your loved one is receiving. Quality health care is important to all of us. Your feedback is our chance to improve our care or services. To let us know how we are doing, please fill out a family satisfaction survey.

Concerned about our care?

If you have any concerns about our care, please contact the unit manager.

If you are not comfortable talking with the manager or you are not happy about how your concern was handled, please contact:

Fraser Health Patient Care Quality Office

Phone: 1-877-880-8823 Fax: 604-463-1888

Email: pcqoffice@fraserhealth.ca

Mail: 11762 Laity Street
Maple Ridge, BC, V2X 5A3



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Updated by Fraser Health's Critical Care Network

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This information does not replace the advice given to you by your healthcare provider.

Stores #433616 (April 2019)

To order: patienteduc.fraserhealth.ca