

Scope of Critical Care

Name: _____

We would like you to know about the kind of personal and medical care we give to people needing critical care.

Personal Care

We help with personal care as needed. This can include help with turning, bathing, shaving, coughing, and toileting.

We know people have different spiritual and cultural practices. Let us know if your family member has any specific needs or wishes related to personal care. We do our best to honour and respect these needs or wishes.

Medical Care

Critical care involves many tests, tubes, machines, and equipment. Unless you or your family member has talked with the doctor about their wishes for care, we give whatever medical treatments are needed to care for your family member. We explain some of the tubes and treatments here.

Common tubes

- **Breathing tube:** Put through the mouth (sometimes the nose), down the windpipe (trachea), and into the lungs. This tube keeps the airway open. We call this 'intubation'.
- **Breathing machine:** either helps a person breathe or breathes for the person. We call it a 'ventilator'. It connects to the breathing tube.
- **Urinary catheter:** A flexible tube that goes into the bladder to drain urine. The tube connects to a collection bag clipped to the bed.
- **Arterial line:** A small flexible tube placed into an artery (usually in the wrist, groin, or ankle). We use this to accurately measure blood pressure. We also use it to take blood samples without having to poke the person with a needle every time.
- **Stomach or Feeding tube:** Put through the mouth (sometimes the nose) into the stomach. We might use this to keep the stomach empty and prevent the person from throwing up. We can also use this tube to feed the person or give medications.
- **Chest tubes:** Placed between the ribs into a space in the chest just outside the lungs. This might be done to help drain fluid or re-inflate a collapsed lung.
- **Intravenous lines** (or IV for short): Small flexible tubes placed into veins through the skin. We use large veins (usually in the neck, chest, groin, or arm) and call them 'central lines' or 'peripherally inserted central catheter (PICC)'. We can use these lines to give fluids, medications, and blood.

Note: We sometimes need to gently restrain a person's wrists to keep them from pulling out tubes by accident.

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

Common treatments and tests

- **Prevent blood clots:** When confined to a bed, there is a greater chance of getting a blood clot (we call this a venous thrombo-embolism). We often use medications or medical equipment to help prevent clots from forming. We might give blood thinner medicine (anticoagulants) such as heparin, or use inflatable white calf compression sleeves that massage the lower legs.
- **Prevent skin damage:** Spending a long time in bed can increase a person's chances of skin damage (called pressure injury, pressure sores, pressure ulcer, or bed sores). To prevent sores, we help reposition a person often. We might use special bandages or mattresses. We also try to get people out of bed and moving as soon as possible.
- **X-rays and Scans:** We take x-rays or do scans to help see what might be happening in the body. Scans can show conditions that are not easily seen on regular x-rays. Sometimes we use x-ray dye so the area can be seen in more detail.
- **Bronchoscopy:** A test that lets the doctor see into the air passages and lungs. A thin flexible scope is passed through the nose or mouth. There is a tiny camera lens and light at the end of the scope. The doctor can also take samples using the scope.
- **Dialysis:** A machine connected to the central line to filter or clean the blood when a person's kidneys are not working well.
- **Cardio-Pulmonary Resuscitation (CPR):** Done when a person's heart stops. We try to restart the heart by pressing on the chest to pump blood, giving medications, and using electric shock.

Transfers

Sometimes we need to move people from one Critical Care unit to another in a different hospital. We might move your family member if they need a special treatment or procedure only available at another hospital. We always make sure every person gets the most appropriate level of care in the most appropriate place.

Your voice

Help make decisions about your family member's care. Many people lose the ability to decide about their own health care when they become very ill. When this happens, the doctor will talk with you about what care your family member would want.

Once decisions are made, the doctor records them on the Medical Order for Scope of Treatment. An example of a limit might be to not do CPR if a person's heart stops beating. Even if this is the case, we would continue to give care to the person.

Ask to speak to the doctor in charge of care any time:

- You have questions about the medical care, treatments, or tests.
- You want information about risks and benefits of any medical care, treatments, or tests.
- You want to talk about what care, treatments, or tests your family member would or would not want.

To learn more about CPR and Medical Order for Scope of Treatment, ask for these two pamphlets:

- *Medical Order for Scope of Treatment* or 'MOST'
- *Making Informed Decisions about Cardio-Pulmonary Resuscitation*

We are committed to the best possible care

Critical Care units are places of learning. We do research studies to learn more about different conditions and treatments, and find new and better ways to give care. Our Research Coordinator might invite your family member (or you on their behalf) to take part in a research study. If you do, thank you for helping us continue to provide exceptional care.

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