



Understanding Critical Care Areas

Information for Patients and Families



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Understanding Critical Care Areas

A Resource for Patients and Families



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OUR SHARED COMMITMENTS



Dignity and Respect



Safety and Cleanliness



Communication



Partnerships



Understanding



Privacy and Confidentiality

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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. Include 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 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 the essential care partners.

To help streamline communication, please pick 1 person to be the main contact for your family and friends. This can be your essential care partner or another person. We will update this person regularly. We ask that the main contact to make sure key information is shared with everyone else. Having a main contact reduces the number of calls to the Critical Care area - calls which can take the nurse away from caring for 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.

About essential care partners
tinyurl.com/FH-ECP



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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 through 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. 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 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. As such, 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. Dispensers of alcohol-based hand sanitizer are 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 masks.

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

Routine Tests

Blood tests and x-rays are usually done 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 care team members with the patient to continue monitoring and providing care.



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Rounds

The care team gathers several times a day to review the changing condition and needs of all our patients. This is called rounds. Depending on the size and 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 not certain 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 essential care partner on the condition of the patient and the plan for care. Any member of the care team, including the essential care partner, 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.

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.

If you identify as Indigenous, our Indigenous Health Liaison team is here to help make sure care is culturally safe, appropriate, and timely. Indigenous Health Liaisons connect with people who are First Nations, Métis, and Inuit to help make sure they receive culturally safe care.



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Indigenous Health Liaisons can offer the following support:

- Connect you with an Elder or Cultural Advisor to support your cultural practices while in the hospital.
- Help you navigate the health care system.
- Support your transition from hospital to home.
- Advocate for your choices and decisions with care.
- Connect you with a social worker to help access health and social services that support your holistic wellness.
- Connect you to culturally safe community services.
- Connect you with an Indigenous peer support worker who has “been there”.

There are 2 ways to contact our Indigenous Health Liaison services:

- Ask your nurse or the social worker to put in a request for you.
- Call our Indigenous Health Liaison services service directly at 1-866-766-6960.

Indigenous Health Liaison services are available Monday to Friday from 8:30 a.m. to 4:30 p.m., except for holidays.

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Visitors

Our visiting hours are 24 hours a day, 7 days a week. Please talk to the unit staff about what will work best for the patient.

The main contact might be asked to give us a list of people who the patient would like to have visit. There might be times when we ask you to wait or limit the number of visitors, such as for patient care, safety reasons, and during shift change.

If asked to wait before coming into the unit, please have patience. Patient care is always our priority. For specifics about visiting please see our "*Intensive Care Unit Visitor Information*" brochure.

Visiting with Children

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

The child should be well prepared for what they will see. They must be able to follow all infection control precautions. A responsible adult must accompany the child while in the unit.



Before bringing children to visit, check with the nurse.



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Planning Your Visits

While Critical Care areas can be unpredictable, these guidelines will help you plan your visit. Please keep in mind – every one of our patient's needs are different and can change each day.

The patient is in Critical Care because they are critically ill and their body needs rest to heal. A quiet presence can help. Constant touching and talking can keep them from getting the rest they need.

For many reasons, you might not be able to come to the hospital to visit. We welcome phone calls from the patient's immediate family. We ask everyone else get information from the patient's main contact.

Shift Change is when the patient's current nurse reports vital information about the patient's care to the next nurse. To make sure nothing is missed, it is important these nurses not have any distractions during this time.

Following the report, the nurse coming on duty assesses the patient completely. This allows this nurse to compare the report information with their own findings. The nurse also does safety checks to confirm that all equipment, monitors, and intravenous lines are working correctly, and that medications are correct. You might be asked to wait outside during this time.

Each patient has different health needs. As each patient's situation changes, so can visiting. In some cases, we might limit how many people can visit at one time. In other cases, we might encourage multiple visitors. We will make every effort to support your visits within the range of care situations.

Family Space

Some of our Critical Care units have limited family rooms for meetings and time away from the bedside. Please ask to speak to the nurse in charge if you need a private space.

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Taking Care of Yourself

When someone you know is very ill, you might feel any number of things – shock, anxiety, sadness, anger, restlessness, trouble concentrating – to name just a few. These are all expected and ‘normal’.

One of the most important things for you at this difficult time is to take care of yourself. Your health and wellness is important.

Ways to care for yourself:

- Eat regularly.
- Take time to sleep.
- Go for a walk or stretch.
- Allow yourself to ask for help.

Ask to speak with one of our social workers if you need support with any of the following related to the patient in the hospital:

- accommodations
- finances
- legal matters

Social workers are available 7 days a week from 9:00 a.m. to 6:00 p.m.

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 temporary substitute decision maker to decide on their behalf.

We will need to determine who will be the temporary substitute decision maker. This is 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 essential care partner. Depending on your family structure, the person who is legally entitled to decide on behalf of the patient might prefer another person be the main contact.

We will share all information about the patient with the temporary substitute decision maker, essential care partner (the main contact), and others the patient and family identifies. Other family and friends should request information through the main contact.

Advance Care Planning

When the doctor meets with the patient and 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 share them with us as soon as possible. If no one is aware of the patient's wishes, we ask the temporary substitute decision maker 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 is around Cardiopulmonary Resuscitation (CPR). Sometimes, when a patient's heart stops beating, CPR might not be right for them. See the brochure "*Making Informed Decisions about CPR*" to learn more. tinyurl.com/FH-AboutCPR





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 the larger population of patients 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 born 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 actions 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.
- Acknowledge strange dreams or hallucinations, remind them they are safe and the dreams and hallucinations are not real.
- Keep a diary for them to help them make sense of their dreams and help them connect their memories to diary entries.

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*'

tinyurl.com/FH-Delirium



Other online resource:

- *ICU Delirium for Patients and Families:*
icudelirium.org or tinyurl.com/ICUDeliriumPt





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 a 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, like feeling 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 your nurse 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 from 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. 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 people 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.



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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. 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 right away. Most pain can be controlled with medications or when combined 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. Foods might taste saltier, sweeter, or take on an unusual metallic taste. This usually gets 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 feel sick to your stomach (nauseated), tell your nurse 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 share 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.

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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 and High Acuity Nurses

These are registered nurses (RN) with specialty training and 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.

Doctors

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

Nurse Practitioner

A nurse practitioner (NP) is a registered nurse 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 therapists (RT) is a specialist in the body's breathing system and treating breathing problems. Care ranges from breathing treatments and tests to looking after 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 Patient and Family Experience 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 our care and services. 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 take our Real Time Patient Experience Survey.

Concerned about our care?

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

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

www.fraserhealth.ca

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

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