

This sheet is intended primarily for the family and friends of a patient in the intensive Care Unit. Its aim is to:

- Familiarize you with the care provided and the professionals working there
- Provide you with instructions to be followed during your visits

Your presence as a family member or close friend of the patient is encouraged, day and night. In the Appendix on page 3 you will find instructions to be followed to ensure all goes well.

# What is the purpose of intensive care?

Intensive care is highly specialized care to maintain patients' vital functions. It is provided by a whole team of people with the most up-to-date expertise and technology.

Patients are treated here when they:

- are in a critical state of health
- have undergone major surgery, such as heart or brain surgery
- have had a transplant

If needed, palliative (comfort) care can also be provided in this unit.

## Our team

Patients' health status is monitored 24 hours a day by several highly specialized professionals. Each one's role is described here.

**Intensive care nurse.** Takes care of 1 or 2 patients at a time and is involved in both specialized and basic care.

**Critical care physician, or intensivist.** Oversees care to patients and monitors their recovery.

**Resident physician.** This physician-in-training is involved in providing care under the supervision of the intensivists.

**Patient care attendant.** Assists the nurse in providing basic care.

**Respiratory therapist.** Deals with everything related to patients' breathing. Is responsible for the respirator (see next page).

**Pharmacist**. Specializes in medications, their doses, and their effects.

**Physiotherapist.** Is responsible for the respiratory and physical rehabilitation of patients.

**Nutritionist.** Ensures that patients' nutritional needs are met.

**Clerk.** Welcomes families, facilitates communication within the team, and manages patient moves.

Spiritual care provider.

Upon request, provides emotional and spiritual support to patients and their families, regardless of their religion.

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#### EQUIPMENT USED IN THE INTENSIVE CARE UNIT

The sight of your loved one hooked up to all kinds of devices is often disturbing, if not overwhelming. Some of these devices may also emit **alarms**. These don't necessarily indicate a serious situation. The team will arrive very quickly if necessary. They'll be able to explain what's going on and answer your questions.

**Each device plays a very important role.** You must never touch them. In this picture, you can see the main ones. Each is identified by a number. Can you tell what they're used for?

- **1 I.V. pump.** This is used to control the rate at which fluids and medications enter the bloodstream through catheters (tubes).
- **2 Hemofiltration machine.** This device acts like an artificial kidney. It filters the blood.
- **3 Heart monitor.** The curves and numbers on the screen are the patient's vital signs. They are also displayed on a computer at the nurses' station.
- **4 Ventilator.** This artificial respirator is used to move air into and out of the lungs.
- **5 Tracheal tube.** This tube enters the throat and goes to the lungs. It is connected to the ventilator and is used for artificial respiration.
- **6 Drain.** This tube is inserted into the body and is used to remove fluid or air. This helps with the treatment.

**7 Wrist restaint.** This may be used for the patient's protection, for example to prevent tubes from becoming disconnected.



### USEFUL RESOURCES

Other health sheets published by the CHUM are available. Ask for those that might fit your situation.



You can also find them on our website <u>chumontreal.qc.ca/fiches-sante</u>

The content of this document in no way replaces the advice of your healthcare professional.

To find out more about the Centre hospitalier de l'Université de Montréal **chumontreal.qc.ca** 

APPENDIX: INSTRUCTIONS FOR FAMILY AND FRIENDS

Your presence with a patient means a great deal to them. Here are some important instructions for patient safety and your own. Follow them to make your stay at the CHUM easier.



details.

- If you have any signs of infection (cough, fever, diarrhea, etc.), stay home.
- You cannot bring food, flowers, plants or stuffed animals into the room.

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at the same time.

visitor's lounge.

- Staying in the corridor is prohibited at all times. This can compromise patient transport safety

and confidentiality.

- Staff may ask you to leave

the room when providing care or for purposes of

confidentiality. At those

times you can go to the



### FOOD SERVICES

Eating in the Intensive Care Unit is not permitted. There are different places where you can eat:

- **Cafeteria**, Pavilion D, 2<sup>nd</sup> floor:

#### Daytime hours:

Monday to Friday, 6:30 a.m. - 8:00 p.m.

Saturday and Sunday, 7:00 a.m. - 7:00 p.m.

#### Nighttime hours:

Every day, 9:30 p.m. – midnight; 1:00 a.m. – 4:00 a.m.

- Food court, Pavilion D, 1<sup>st</sup> floor
- Vending machines



- Only 1 person can stay overnight in the patient's room.
- Between 9:00 p.m. and 8:00 a.m., make as little noise as possible.
- Do not lie on the patient's bed. A reclining chair is available for you in the room.
- Remain in the room as much as possible.
- If you need sheets or pillows, ask one of the staff. Please do not help yourself.



### THE PATIENT'S WELL-BEING

- If you can, bring the patient photos, drawings, and personal hygiene products (e.g., soap, deodorant, comb, brush).
- Don't hesitate to tell the care team what music or songs your loved one likes. We can play them in the room.

# Thank you for your collaboration!

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