



The Intensive Care Unit at Heywood Hospital Frequently Asked Questions



Welcome to the Intensive Care Unit at Heywood Hospital

To the families and friends of our patients:



We understand that having a loved one treated in the ICU can be a difficult and scary time for both patient and family. The advanced treatments frequently needed by critically ill patients require a complex interplay of healthcare providers, medical devices, imaging and blood work. This can make for a whirlwind of information that can be overwhelming for those unfamiliar with this environment.



We have put this booklet together in an effort to help answer some frequently encountered questions in the ICU setting. Communication is one of the most important aspects of providing quality healthcare, and we hope that this booklet serves as a foundation in this regard. Each patient's care is individualized and specific questions can be answered by the attending physician, consultants and nursing staff.

Well informed family members and patients can help us to better provide the high-quality care that all members of the Heywood Healthcare family strive for everyday.

Sincerely,

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Medical Co-Directors of the Heywood Hospital
Intensive Care Unit

"Our communities trusted choice since 1907"

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What you should know about the ICU

When you see a loved one in the intensive care unit (ICU) for the first time, you may feel overwhelmed. There are so many machines and tubes, and it may be hard to understand what is happening. You may be worried and anxious about what will happen next, and you may be faced with difficult choices in the days ahead.

This booklet will help answer some of the questions you may have about the ICU. If you have additional questions, be sure to ask the members of the ICU team. We are here to help you and your loved one.

What is an ICU?

The ICU is the area of the hospital where the sickest patients are treated. Patients in the ICU must be cared for and monitored more closely than other patients. A patient in the ICU may need special equipment, like a machine to assist with breathing, or a nurse may need to take the patient's blood pressure every 15 minutes to monitor his or her condition.

Patients might need care in the ICU due to:

- Very high or very low blood pressure
- Problems with heart rhythm
- Heart Attack
- Stroke
- Breathing Issues
- Pneumonia
- Drug or Alcohol Overdose or Withdrawal
- Recovery from major surgery

A doctor may send a patient to the ICU from the Emergency Department. Some patients may be transferred from another part of Heywood Hospital or from another facility such as Athol Hospital.

A large team cares for patients in the ICU, including:

- Doctors who specialize in intensive care medicine
- Nurses who give the specialized care needed
- Respiratory Therapists who helps patients with breathing issues
- Consulting physicians who give advice or specialized care
- Case Managers and Social Workers who help the family and patient with needed support and care planning
- Pharmacists who ensure medications are given safely
- Dieticians who assess the nutritional needs of the patient and recommend nutrition based on the patient's condition and serve as a resource for the nurses as well as the doctors prescribing meds

When may I visit?

We believe that family and friends are important to the healing process. With that in mind, you may visit your loved one 24 hours a day. Please understand that there may be times during your loved one's stay that the care team may ask you to limit visiting or have only two visitors at a time. This may be to promote healing and rest after a long night or in preparation for a procedure.

Within the ICU, shift change occurs between 7:00-7:30 am and 7:00-7:30 pm. Patient Care Rounds are conducted between 9:00-9:30 am. During both shift changes and rounds, confidential information is reviewed with the care team. We ask that if you are visiting during these times, you remain at your loved one's bedside.

We recognize this is a very stressful time for you and your family. While visiting your loved one may bring comfort to you and the patient, it is important for you to take time to rest and care for yourself.

Please let us know if there is anything we can do to help you and your family.



What are all the tubes and wires for?

Patients in the ICU often need special equipment that involves many different wires and tubes. The equipment, tubes and wires support the patient by helping his or her body function and measure what is going on with the heart or other areas of the body. You might be scared when you see your loved one with these tubes and wires in place, but it may help to understand their purpose.

Some of the tubes often used with ICU patients include:

Endotracheal Tube

An endotracheal tube (ETT) is a plastic tube placed through the patient's nose or mouth. It connects the patient to a machine to help him or her breathe. This machine is called a ventilator or life support respirator.

Tracheostomy Tube

A tracheostomy tube is placed directly in a patient's neck by a procedure called a tracheostomy. The tube goes through the patient's windpipe (also known as the trachea) and connects to a machine that helps the patient breathe. This is the same breathing machine used when an ETT is in place. Most of the time, a doctor places the tube during surgery or at the bedside. A tracheostomy is done when a patient will need breathing assistance for an extended period of time (months or years).

Nasogastric Tube

A nasogastric (NG) tube is a plastic tube inserted through the patient's nose or mouth and passed down into the stomach. It is used to give medicine or liquid food to a patient who cannot swallow. This is often needed by patients who are using a machine to help them breathe. An NG tube may also be used to drain the stomach of air, blood or fluid.

Foley Catheter

A Foley catheter is a thin tube inserted into a patient's bladder. It allows urine to drain into a bag so critically ill patients do not need to leave the bed to use the bathroom. Urine output is an important element in a critically ill patient's care. Some Foley catheters have the ability to monitor the patient's temperature as well.

Rectal Thermometer

A rectal thermometer is a thin tube placed in the patient's anus. It continuously records body temperature. This temperature monitoring usually does not hurt or cause any pain for the patient.

Pulse Oximeter

A pulse oximeter measures how much oxygen is in a patient's blood as well as heart rate (how fast the heart beats). A pulse oximeter is placed on the patient's finger, toe, ear or forehead so measurements can be taken.

Central Line

These IV catheters are placed into larger veins in a patient's neck, under the collar bone or in the thigh. They are used to give medicines and fluids that cannot be given through smaller veins in the arm. The pressure in these veins also helps doctors determine how much fluid to give the patient. At times, a consent signature may be needed from the patient or healthcare proxy in order for a central line to be placed.

Arterial Line

Arterial lines are special catheters that are a more accurate measure of blood pressure. Arterial lines are usually placed in the patient's wrist and stay in place for the duration of the patient's critical illness.

IV Catheter

IV catheters, also known as PICC lines, are placed in patient's arms to deliver fluids and medications. These are different than a regular IV in that a PICC can stay in place longer.

Chest Tube

A chest tube is placed between a patient's ribs, into the space around the lungs, to help drain air or fluid from the area. This makes it easier for the patient to breathe.

Blood Pressure Cuff

A blood pressure cuff is wrapped around a patient's upper arm or leg to measure blood pressure often. Blood pressure can be taken manually, by hand, or it can be taken by a machine set up with a timer.

Electrocardiograph Leads

Electrocardiograph (EKG) leads are wires attached to sticky pads and placed on the patient's chest to check heart rate and rhythm. These wires are used on nearly every ICU patient.

Why do so many members of the care team have to see my loved one?

You will find that many people will help take care of your loved one in the ICU. At times, it can be confusing for family members. You may want to know, “Who is really in charge of my loved one’s care?” The ICU team is made up of many care providers, including:

Doctors or Physicians

This doctor has special training in ICU medicine and may also have specialized in other areas, such as surgery, lung diseases, anesthesia or cardiology.

Most patients in the hospital are assigned a hospital doctor or hospitalist if they do not have a primary care doctor who practices at Heywood Hospital. The Hospitalist is part of a group of doctors. You may need to talk with more than one doctor in the group, as they rotate caring for your loved one.

Consultants

From time to time, the ICU team may work with other doctors who are experts in different areas on medicine. For example, your doctor may need to get advice from a surgeon or kidney specialist to better manage various problems your loved one may have. Each consultant may need to talk with you or your loved one, so it is not unusual for different physicians to ask the same questions.

EICU Care Team

You may notice cameras on the wall in the patient rooms. This ICU is linked in to a team of intensive care medicine specialists for additional monitoring and support from UMass Medical Center in Worcester 24 hours a day. The cameras are off, but are electronically linked and will turn on and focus as needed for patient assessment.

Nurses

ICU nurses give patients daily bedside care as needed. These nurses have extra training and experience in the care of ICU patients. Often, they care for no more than two patients at a time. To provide care around the clock, ICU nurses work in shifts, so you may meet many nurses who care for your loved one. ICU nurses are always willing to answer questions you may have, so you can find out a lot of information from them. The nurse can also help you get other services you or your loved one may need.

CCTs

ICU critical care technicians (CCTs) will help your loved one with many tasks from taking vital signs to ambulating to the bathroom or receiving a bath.



Respiratory Therapists

A respiratory therapist (RT) is specially trained to care for patients with breathing problems. An RT knows how to operate the machines used to help patients breathe and helps doctors set up breathing machines and other equipment. An RT gives breathing treatments and makes sure patients get the amount of oxygen needed. An RT will also assist nurses and doctors with ventilators or life support to ensure optimal breathing for your loved one.

Social Workers and Case Managers

Social workers help families manage social issues that occur when a person is very ill. They can help patients deal with health insurance and assist with other financial concerns. The Case Manager can help with any changes in care that may be needed and discharge planning.

Dietitians

A dietician makes sure patients get the proper food and nutrition while they are in the ICU. A dietician gives advice about what kinds of foods or nutritional support your loved one needs to recover.

Physician Therapists

A physical therapist (PT) helps patients regain their strength during and after the illness. A PT teaches exercises that can prevent muscles from wasting away and encourages patients to stretch, walk and do other exercises. A PT can advise patients about equipment they may need during the recovery. For example, a PT may tell your loved one to use a walker for a few weeks after his or her ICU stay.

Speech Therapists

A speech therapist treats patients who have problems talking or swallowing and eating. These problems are common after being ill, but can often be corrected with therapy.

Why is my loved one so groggy?

Some of the treatments patients need may be painful or uncomfortable. For example, your loved one may need an endotracheal tube (ETT) to breathe easier. Medicine may be given to help your loved one relax, but it also may make them sleepy.

Some patients may not be able to talk or think clearly. As a patient gets better, doctors may use these medications less and less, and the patient will be less groggy. If your loved one requires medication that makes him or her sleepy or groggy, talk in a calm way to help your loved one stay calm and feel safe.

Why is my loved one restrained?

Some patients in the ICU are restrained to prevent them from hurting themselves. For example, a patient may accidentally pull out a breathing tube or other tubes he or she needs to recover. Restraints are made out of soft materials and are tied around the patient's wrists and/or legs. Some patients may also need medicine to calm and relax them. Patients who are restrained are monitored even more closely. Restraints don't hurt patients, but they can be a little scary. They are used only when really needed, and as soon as the patient is no longer in need of the restraints, they are removed.

Why can't my loved one talk to me?

There are many reasons why patients may not be able to talk. For example, if a patient needs help to breathe, he or she may have an ET tube in his or her windpipe. Because this tube goes through the voice box, it will be difficult for the patient to talk. If this happens with your loved one, you can try other ways to communicate. You may be able to write to each other on paper.

Another reason patients may not be able to speak is they have been given medication that makes them sleepy. Additionally, the illness or injury itself can make it difficult for the patient to speak. Being in the ICU can cause problems for some patients, especially the elderly. Patients may be confused by all that is going on and become quiet.

Even if your loved one can't talk to you, he or she may still be able to understand you. It can be a big help to hear a familiar voice, so talk to your loved one, and let him or her know you are there. Tell your loved one what is being done to help and encourage him or her to do what he or she can to get better. In some cases, the doctor may tell you it is better to be quiet when you are visiting with your loved one. Too much noise or activity may not be the best thing for your loved one, so it is important to follow the doctor's advice.

All these X-rays! Aren't they harmful?

Patients in the ICU often need x-rays to see how parts of the body are doing. X-rays are not a danger to the patient.

What do all these consents mean when I sign them?

Patients in the ICU are not always able to talk or make decisions for themselves. You may be asked to make some of these decisions for your loved one. If this is the case, the doctor may need you to sign forms to approve the care your loved one needs. If you are asked to sign a consent form, keep these things in mind:

- Be sure you understand what the doctor wants to do.
- Ask why it is needed and how it will help your loved one.
- Make sure you know about all the risks.
- Before you sign the consent form, get all your questions answered.
- Always keep in mind and respect what your loved one would have wanted done.

Do you have to take so much blood every day?

The ICU team needs to know how well your loved one is responding to care. This is done by checking blood often. Sometimes a central line is placed in a larger vein or artery to make blood drawing possible without needing to stick the patient each time.

What help or support is available?

Your loved one and family can get different kinds of support. A good way to learn what is available is to talk with an ICU social worker. There are many ways a social worker can help you:

- Find spiritual counseling
- Arrange transportation
- Look for financial help
- Find a place to stay nearby
- Provide options for post-ICU care

What if my loved one doesn't get better?

Sometimes treatment doesn't seem to work, and a patient does not get better. Doctors like to talk to patients in advance about the illness or injury to learn what treatment they would want if recovery seems unlikely. Some patients may be too ill to discuss what they would want. When this happens, a doctor will turn to the family for decisions to be made.

Some patients may already have made decisions by writing a "living will" or advance directive. This is a document that tells what medical action the patient wants if certain things occur. If the patient does not have a living will, the closest relative may be asked to help make these decisions. If you are asked to help in this way, consider these tips:

- Think about what your loved one would want. You may have an idea from times you have talked in the past.
- Try not to focus on what you want done, but what you think your loved one would want done.

The medical team can help you make a decision. They can explain what your loved one is going through and the many care options from which to choose.

If a patient's heart stops beating or if a patient stops breathing, doctors have to decide immediately what to do. Here are some of the choices:

Full Code

The team performs CPR or uses electric shocks to start the heart beating again. The team may also put a tube into the patient's breathing passage and put him or her on a machine to help with breathing. All patients in the hospital are automatically put into this category unless prior direction has been given by the patient or family. This is not a choice you will be initially asked to make.

Do Not Resuscitate

After talking to the medical team, a family may decide it is not best to perform CPR or connect their loved one to a machine for assistance with breathing. In that case, the doctors will write "do not resuscitate" or DNR, order on the patient's chart. This lets everyone working on the team know what to do and what not to do if the patient's heart or lungs stop working. The ICU team does not stop treating a patient because there is such an order in the chart. Any care that may help the patient is still done.

Comfort Care

If it is clear that a patient is dying and treatment will not help, the family and team can decide to give comfort care only. To provide



comfort care means that the doctors and nurses will only provide care that helps keep a patient comfortable. For example, a patient may be given medication to help control pain or decrease shortness of breath, but other medicines, tests and procedures designed to treat the illness or injury will not be done. Comfort care does not mean your family member will not be cared for, but rather receive care that is focused on keeping the patient comfortable and maintaining his or her dignity.

It is not easy to know what to do. Modern medicine has its limits. Machines can make a patient's heart and lungs work, but they cannot treat the illness or injury. Sometimes, it may be best to remove the tubes connected to the machines that are helping a patient's heart and lungs function. It is important to consider the patient's comfort and wishes when faced with these decisions.

Sometimes family members and doctors may not agree on what care is best. You should know that a doctor does not have to offer treatment that he or she thinks will not help the patient get better. However, if you think your loved one needs care your doctor is not willing to provide, you can ask the hospital's Ethics Committee to review your case. Someone from the ICU team can help arrange a meeting for you.



We hope this booklet has provided a sound foundation for you to be a patient advocate in the ICU. For any additional questions, please consult your loved one's nurse or contact:

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