

## What is the ICU?

Seriously ill patients require close observation and monitoring. The Intensive Care Unit (ICU) is a unit in the hospital where seriously ill patients are cared for by specially trained staff. The ICU staff includes doctors, nurses, respiratory therapists, clinical nurse specialists, pharmacists, physical therapists, nurse practitioners, physician assistants, dietitians, social workers and chaplains.

Patients may have special equipment in their room depending on their unique situation and condition. The equipment in the ICU may seem overwhelming. Patients are connected to machines to monitor their heart, blood pressure and respiratory rate. Ventilators (breathing machines) assist some patients with breathing until they are able to breathe on their own.

## Single point of contact

Experience has shown that one person serving as the patient's point of contact with the health care team throughout the patient's hospital stay ensures that everyone receives timely information. Upon admission, your nurse will request that you appoint a contact person. To ensure identification and patient privacy, the contact person will be provided a password to use when calling for information concerning their loved one.

## Patient privacy

Due to federal privacy regulations encompassed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), staff members are only able to answer questions from, and provide updates to, designated members of the immediate family. Detailed patient information cannot be provided over the phone.

While it can be truly difficult to make ICU care decisions for your loved one, your critical care team is there to help you through every step of the decision-making process, answering your questions honestly and sincerely.

Every patient and family presents a unique set of circumstances. We strive to create an atmosphere that promotes healing, encourages communication and provides comfort and support through compassion.

## Understanding common medical conditions

### Common conditions ICU patients experience

**Stroke** is an injury to the brain as a result of lack of blood flow to portions of the brain.

**Shock** occurs when the body's organs do not get enough oxygen and blood pressure to function normally. If shock cannot be reversed in days, the organs will start to shut down, which may result in death.

**Acute respiratory failure** occurs when the lungs do not work sufficiently and the patient may require assistance breathing with a machine.

**Infections** can develop while a patient is in the ICU because illness has weakened him or her, lessening the body's ability to fight infection.

**Septic shock and severe sepsis** result from an overwhelming infection that compromises blood flow and bodily function.

**Renal failure** can result from many different illnesses which can affect the kidneys and their function.

**Heart attacks** are triggered by a blockage in the blood vessels feeding the heart.

**Heart failure** occurs when the heart function is decreased, resulting in fluid in the lungs, swelling of the legs and difficulty breathing.

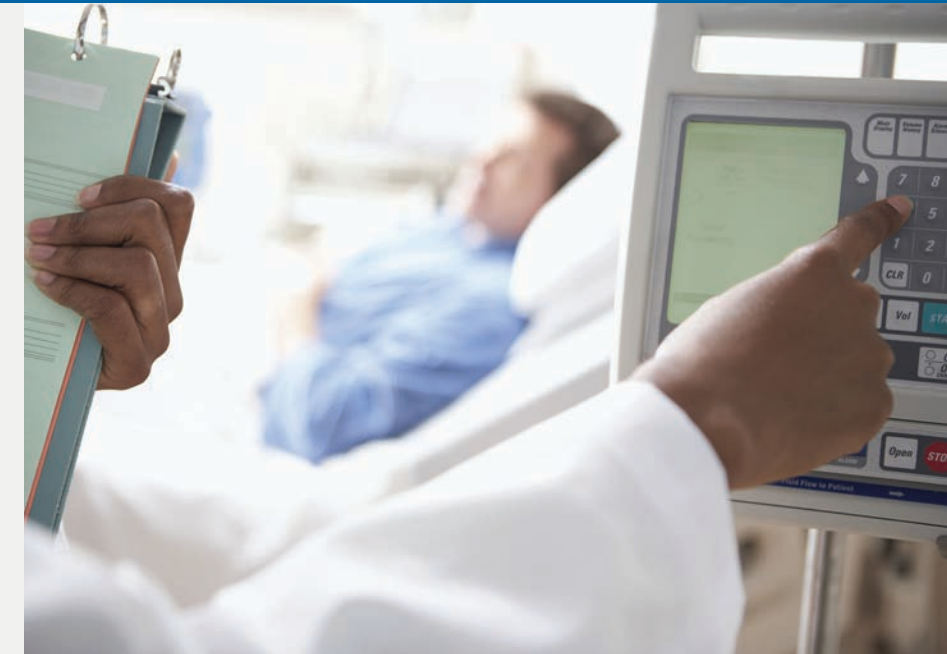
### ICU contact numbers:

<b>ICU East Unit</b> beds 1-7: (586) 493-8294	<b>ICU West Unit</b> beds 8-14: (586) 493-3294	<b>ICU South Unit</b> beds 15-24: (586) 493-8285
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1000 Harrington Blvd., Mount Clemens, MI 48043  
(586) 493-8000 or [mclaren.org/macomb](http://mclaren.org/macomb)

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# Intensive Care Unit

## McLaren Macomb



## Communicating with the care treatment team

Family communication with the ICU treatment team can help to ensure delivery of honest, intelligible and timely information concerning your loved one. Asking questions will ensure you understand your loved one's condition, the nature of their illness or injury, the treatments, care options and prognosis. Learn why certain treatments are given as well as their benefits and risks. You should always be an important supporter of your loved one's care path, including his or her wishes.

There are many staff members in the ICU dedicated to the care and treatment of your loved one. Get to know them. Write down their names and roles in a notebook. Record questions you or other members of the family want to ask. Use the notebook to track treatments, medical events and patient progress. Refer to this information when making care decisions in support of your loved one.

## ICU team members

**Attending physicians** are the physicians who assume overall responsibility for the care of the patient. The attending physician will continue to care for the patient while he or she is in the ICU.

**Critical care physicians/intensivists** are trained and board-certified in critical care. These physicians know how specific treatments affect all organ systems.

**Registered nurses** are board-certified clinicians that work with the critical care team and provide direct patient care.

**Consulting physicians** can be any number of specialties and are experts in a specific body system.

**Residents** are physicians in training who work in collaboration with the critical care intensivists and other physicians.

**Pharmacists** are board-certified specialists in the science and clinical use of medications. The ICU pharmacist specializes in recognizing the needs and problems specific to critical care patients.

**Respiratory therapists** work with the critical care team to monitor mechanical ventilators and provide airway management to critical care patients.

**Critical care techs/patient care assistants** work with the critical care team to provide safe patient care.

## Communicating with the patient

Effective and appropriate communication and visitation is an important part of the healing process, not only for the patient but also for the family.

### The following are suggestions for family members on how to communicate with a loved one in the ICU:

- > Speak in a calm, clear tone. The patient most likely hears you, though he or she may not be able to respond.
- > Offer short phrases that offer support and reassurance.
- > Acknowledge and recognize any discomfort your loved one may be experiencing.
- > Do not ask the patient questions that cannot be answered.
- > Touch your loved one. Not only is it OK, it's comforting.
- > Staff will let you know if any communication interferes with patient care.

## Patient visitation

Our visitation guidelines are designed to meet your loved one's need for rest, safety and privacy. A calm, quiet environment is an essential part of the healing process. We also employ measures to prevent the development and spread of infection. Extenuating circumstances may allow variances in visiting times.

- > Visiting hours: 11 a.m. – 8 p.m.
- > Visits in the ICU are limited to immediate family over the age of 12.
- > The ideal visiting time for ICU patients is 15 to 30 minutes. Visiting time may be shortened or extended as the patient's condition changes.
- > Only two visitors at a time.
- > No food or drink at bedside.
- > No plants, flowers or latex balloons.
- > Cell phone use should be kept to a minimum while in the ICU. Cell phones should be set to vibrate for incoming calls.
- > Keep your valuables in your possession at all times. McLaren Macomb is not responsible for lost or stolen items.
- > McLaren Macomb hospital and grounds are smoke-free.
- > Please be courteous and respectful of other patients' privacy.
- > Prevent infections by washing your hands when you enter and leave the room.
- > Understand that you may be asked to leave the room briefly during care delivery.



## Life support options

### Common life support measures:

**Do-not-resuscitate (DNR) orders** are orders instructing health care providers not to attempt cardiopulmonary resuscitation (CPR). CPR includes chest compressions and electrical shock designed to restore heart function. DNR does not mean "do not treat." It is a choice to say "no" to CPR, but "yes" to all other medically appropriate treatments.

**Comfort care and hospice** bring together all approaches to end-of-life care. Comfort care focuses on the physical, psychological and spiritual needs of the patient. Hospice is an additional program of care and support for the patient and family. The goal is to achieve the best quality of life available by relieving suffering, controlling pain and achieving maximum independence. Hospice care can be delivered in the home but also provides many benefits to the patient and family in the hospital setting.