

# Intensive Care Unit

## *Critical Care Survival Guide*



# Welcome

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*Dedicated to your well being...*

**A**t Regional Medical Center of San Jose, you can be confident that your loved one is in good hands. Our 24-bed Intensive Care Unit offers a talented medical team that truly cares. We understand that you are important to the mental, physical and emotional recovery of your loved one. Oftentimes, the road to recovery can be tough, but you can always depend on Regional to meet your loved one's healthcare needs.

Our commitment to serving our community never ends. That's why we are proud to be designated as one of three trauma centers that comprise the trauma care system in Santa Clara County. Each day we work hard to increase and improve the services we offer. As a full service hospital, we have expanded our programs to include advanced neurosurgery, an UrgentCare Clinic, a comprehensive cardiothoracic surgery program through our partnership with Stanford Medical Center, and a host of other innovative services. In addition, we look forward to caring for our patients in a new state-of-the-art facility in late 2007.

Over the last few years, Regional has experienced tremendous change. However, each change continues to drive our focus towards offering you and your loved one exceptional healthcare.

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## Critical Injuries

### What is Trauma?

Trauma is a medical term that means bodily injury. Injuries can be the result of accidents such as an automobile or truck crash, pedestrian versus car accident, a sports injury, a gunshot



wound or a bad fall. Severe injuries can also result from electrical shock, exposure to a dangerous chemical, or fire. To provide special care to trauma patients, certain hospitals have been designated as trauma centers.

Regional Medical Center of San Jose is one of three designated trauma centers that make up the trauma care system in Santa Clara County. Trauma centers offer physicians, nurses and support staff specially trained to treat patients with critical or life-threatening injuries. Specialists in a variety of specialties are available 24 hours a day for complex emergency care.

It is good to know ahead of time where to find your community's local trauma center. In Santa Clara County, trauma centers are located at Regional Medical Center of San Jose, Stanford University Medical Center in Palo Alto and Valley Medical Center in San Jose.

## **About the Patient's Critical Care Team**

### **The Human Side of Critical Care**

Visiting a patient in the Intensive Care Unit (ICU) may be an unfamiliar experience for many families and friends. What you may notice first is a room filled with complicated and strange equipment. Take comfort in knowing that the highly-skilled men and women who use these life-saving machines to benefit our patients make up Regional's Critical Care Team.

Here is a list of people you are likely to see and a brief description of what they do. Get to know the people taking care of your loved one.

### **Physicians**

Every patient will have a physician in charge of his or her case. This physician may be a private physician, your family physician, a surgeon, or another specialist. The physician in charge of your loved one's care may bring in one or more consultants to offer specialized advice. For example, a cardiology consultant might be called in for someone suffering a heart attack.

Critical Care medicine is a new medical specialty. Many units are run by Critical Care physicians or intensivists. These physicians have special training, skills, and experience in caring for the critically ill and injured.

Many ICUs, especially those in teaching hospitals, are also staffed by doctors-in-training. These doctors, sometimes referred to as the house staff or house officers, include interns, residents and fellows. In these hospitals, they will often provide much of the around-the-clock bedside medical care under the supervision of an attending physician.

## **Nurses**

The Critical Care nurse has special training and clinical skills in the care of the critically ill and injured. This professional makes the complex observations at the bedside, and actually provides for the patient's day-to-day care. Critical Care nurses work with physicians in developing a special plan of care for each patient. The Critical Care nurse spends the majority of his or her time with the patient. Nurses know the patient best and frequently get to know the family equally as well. Many units try to assign nurses to care for a patient throughout his or her stay in the unit. This is to ensure continuity of care — so that nurses can become more familiar with the patient and the family.

There is usually one manager/director responsible for nursing care in the ICU. In addition, each shift of nurses includes one nurse in charge, known as a charge nurse.

Hospitals have individuals on staff whose job it is to support family members like you. These people are also very important members of the Critical Care Team.

## **Social Workers**

A social worker is often assigned to or available to the ICU. Social workers are experts in helping patients and families in exactly your situation. The social worker can help you better understand and adjust to the patient's condition, and can help



you feel more comfortable with the unit and the staff. If the social worker cannot provide for your specific needs, he or she can very often direct you to someone who can.

## **Respiratory Therapists**

The Respiratory Therapists in Intensive Care are responsible for managing patients who require a ventilator, administering inhaled medications, collecting and analyzing arterial blood gases. They can educate the patient and family on all modes of therapy and are an excellent resource for other staff members.

## **Chaplains or Pastoral Care Workers**

Because many patients and families seek spiritual guidance and comfort at a time like this, Regional Medical Center offers pastoral care services. Our staff can also arrange for a visit from clergy of your own denomination.

## **Other Team Members**

It takes many people to care for critically ill patients. Almost every kind of health care worker in the hospital is needed to provide this total, around-the-clock care. Here is a list of other team members, many of whom you may never see:

Pharmacist  
Occupational Therapist  
Physical Therapist  
Speech Therapist  
Blood Drawing/IV Team  
Unit Secretary  
X-Ray Technician  
EEG/EKG Technician  
Nutritionist/Dietitian  
Transporter  
Volunteers  
Security

## **Visiting the Patient**

Visiting loved ones who are critically ill or injured is not easy. Added to the extreme difficulty of seeing a loved one so sick and vulnerable are the unfamiliar sights and sounds of the ICU.

It takes a special effort to control your own emotions, and still have the strength to contribute to your loved one's care. Your visit is important. It can be a meaningful experience for you, and truly soothing and healing for the patient.

### **What You Can Expect**

Intensive Care Units make extensive use of modern technology. There will be many machines in the room all attached to the patient in some way. Most of them have lights and displays. Many generate sounds. Remember, these machines are either there to directly support the patient, or to help the team monitor and care for the patient. Feel free to ask questions about the machines, the tubes and other equipment. The more you understand about what is going on, the more you will feel comfortable in your loved one's room.

Some patients are unconscious, or semi-conscious, due to their physical conditions or medications. Even if they are awake, some patients are not able to communicate. For example, patients who need ventilators (respirators) are attached to the machine by a tube, which makes it impossible for them to talk. Some patients are not even able to write. In general, you can expect that conversations with your loved ones may be difficult.

You may notice a number of tubes coming and going from the patient. These tubes have different functions. When people are unable to eat, drink, or take medications, all of their needs must be supplied by fluids given through veins. Critically ill patients may need intravenous fluids for nutrition, transfusions, and medications, to change or maintain their blood pressure, to support bodily functions or restore the chemical balance



of the body. Other tubes may be inserted to closely measure the quantity and quality of body fluids. Often you will see a tube that enters through the nose and extends down to the patient's stomach; and commonly a

tube is in the bladder to drain the urine. Surgical drainage tubes, tubes for attachment to the respirator, and many others may be present.

You may find that the patient often has very little covering. This is because of the need to see and feel the patient's skin, observe the movements of breathing, and perform frequent physical examination. Every effort will be made to maintain the patient's modesty and dignity.

## **Visiting the ICU**

When visiting the ICU, please do not stand in the hallways or doorways. We ask that you respect the privacy of the other ICU patients.

During your visits, we encourage you to talk to your loved one, although he/she may not be able to respond to you. Often patients can hear what is going on around them. We believe that a familiar voice is calming and reassuring. Depending on the circumstances, the nurse may ask you to speak softly to the patient, not at all, or speak for a short time and then stop.

It is not uncommon for patients to become confused in the ICU. Because of this, we encourage you to help re-orient your family member to his/her surroundings, i.e. dates, time and circumstances.

Be sure to take care of yourself and get adequate rest. This is also an emotional and stressful time for the family members of patients. You will need your rest and strength in order to care and be supportive of your loved ones when they are discharged.

To monitor visitor volume to ICU patients, the entry door is locked. In order to gain access to the ICU, it is necessary to place a phone call to the unit. Outside the ICU double doors you will find beige telephones. Dial the corresponding posted number. Someone will answer and determine whether it is appropriate for access.

Cell phones are not to be used in the ICU. It has been shown that cell phones can cause problems with the sensitive equipment in the ICU. If you receive a call or need to place a call, please go to the waiting area. While visiting a patient's room, turn your cell phone off or place it on silent mode.

ICU patients often have strict diets to follow. If your family member asks you to bring food in for him/her, take a moment and check with the nurse to determine what is suitable for your loved one to eat.

There is a kitchen in the ICU that contains items generally needed by patients. Because these items are generally restocked based on the patient census, the kitchen may be used by staff only.

Our top priority is to care for your loved one. Please remember that good communication between staff and families is essential to providing excellent patient care.

The Critical Care staff recognizes your contribution to the team, and the importance of your visits to the patient's recovery. They also know that you too need support, reassurance, and information.

## **Visiting Hours**

The ICU is open daily for family/significant other visitation except during the hours of 6:30 am-8:30 am and 6:30 pm-8:30 pm.

You may want to be in the room with the patient more than visiting hours allow. Ask, if you have a special request. The unit staff may permit an unscheduled or extended visit from time to time. At other times, there may be very good reasons why it would be better for you to be away from the bedside. For example:

- The doctor may be performing a sterile procedure/assessment.
- The nurses may be providing care and making detailed observations.
- There may be a medical crisis - perhaps involving another patient in the unit - and no one is allowed to visit.
- Doctors and nurses may be making confidential patient-care rounds.
- The patient may be resting and is better left undisturbed.

Our number one priority is delivering quality patient care. We understand that having a family member in Critical Care can be highly stressful, even under the best of conditions. It is common for families to feel overwhelmed and intimidated by the environment and technology present in the ICU. Regional Medical Center recognizes the vital role that families play in patient recovery. In order to respect this role and to provide your family member with the best quality care, we have established the following visiting policies.

### **Who can Visit?**

- Immediate family includes: spouse, significant other, and parents.
- Only children of the patient who are at least 14 years of age may visit for short periods of time at the discretion of the parents and primary nurse with the understanding that they will be supervised by an adult in the family.
- Clergy may visit during regular visiting hours if the patient and/or family so desires.

### **Visiting Rules**

- A maximum of two persons will be allowed to visit a patient at any given time. Because of space constraints, the number of visitors may need to be limited to less than two. This will be determined on a case-by-case basis by the bedside nurse or charge nurse.
- Visitors who wish to see an ICU patient between 14 to 17 years of age must be accompanied by the minor patient's parent or guardian.

## **Family Spokesperson**

- All families will be encouraged to designate a family spokesperson to receive and give information from the nursing staff to the other family members.
- A condition status will be the only information given to non-family members and family members not identified on the Visitor Agreement. Patient condition statuses are:

Critical

Fair

Good

Serious

## **Items NOT allowed in the ICU**

- Live flower arrangements
- Live plants
- Latex balloons

## **Items allowed in the ICU**

- Battery-operated music systems
- Other personal items, as space permits

## **Visitation Information**

1. Visitation will be discussed with the patient and family on admission, including the option of family presence at night.
2. Specific family needs will be included in the Visiting Agreement. Family members are not allowed to sleep in the patient's room with the exception of end-of-life care.
3. If the patient is able, he/she will define who comprises "family" and who is allowed to visit.
4. Visitor phone calls and distribution of patient information:
  - A message will be taken for family phone calls or the call will be transferred to the ICU waiting room.
  - For emergency or long distance phone calls, an attempt will be made to locate the family.
  - Families are instructed not to call for patient condition and information between the hours of 6:30 am-8:30 am and 6:30 pm-8:30 pm.

## **About the Patient Self-Determination Act**

The Patient Self-Determination Act (PSDA) is a law passed by Congress in December 1991. It requires hospitals that receive payments from Medicare and MediCal to provide information to all adult patients about their rights.

- To accept or refuse medical or surgical treatment
- To write Advance Directives

### **Advance Directive**

An Advance Directive is a set of instructions — which are written in advance — about what health care decisions a person would want in the future. It gives him or her the opportunity to state what medical treatments a person would want or would not want in the future when he or she may be terminally ill and unable to communicate, or permanently unconscious.

Any of the treatments that one has included should be discussed with one's family and family physician. It is very important that everyone involved is sure that they understand the treatments, and what might happen if the treatments are used or withheld.

**Points to Remember:**

- Any decision included in an Advance Directive has no effect on the care a patient accepts or refuses while he or she is still able to communicate — even if he or she is terminally ill.
- Information about any patient’s Advance Directives should be on the hospital chart. All doctors involved in providing care must be made aware of an Advance Directive and its contents.

**Do you have an Advance Directive?**

For information on the laws in California or for information on how to obtain the appropriate forms, contact the hospital, your attorney, personal physician, State Medical Society, or the Foundation for Critical Care (202) 628-FFCC.

**A Durable Power of Attorney**

A Durable Power of Attorney allows one to choose another person to make health care decisions in the event that he or she is unable to communicate, whether the loss is temporary or permanent. Some states only allow a Durable Power of Attorney to give permission for treatment, not to refuse it.

## How to Make Decisions for the Patient



If the patient is unable to communicate, or is incompetent to speak for himself/herself, then frequently another person will be asked to make decisions on behalf of the patient. Typically, this person is a close family member. The family usually decides

who this person will be, or it may be a person legally designated by a Special Power of Attorney completed by the patient.

This is a very important position. This person will be asked to relay medical information to other family members, and relay questions from the family to the medical providers. However, more importantly, if the patient becomes critically ill, sometimes decisions about continuing life support and the appropriateness of aggressive treatment need to be made.

If you are in the position of making decisions for the patient, here are some suggestions on how to deal with these decisions:

1. Put yourself in the patient's position — what would he or she have wanted? Did he/she ever talk to you or other family members about a living will, or end-of-life decisions? Remember, even if you don't agree with your loved one's wishes, it is now time to speak the patient's wishes. This gives you some relief from this enormous responsibility. You are stating what the patient would have wanted.



2. If the patient didn't talk about his/her wishes on this subject, then here are some more suggestions: Look at the entire picture. Although we hate to lose a loved one, look at the factors —
  - a. Is your loved one's condition terminal with no chance of recovery?

- b. Is the patient currently being kept alive solely by machines?
  - c. Is the patient suffering?
  - d. What is his/her quality of life?
  - e. Will more treatment or tests increase the chance of improvement?
  - f. Does the patient have religious or cultural beliefs that need to be taken into consideration?
3. In summary, try to do what the patient would have wanted.

## **Hospital Resources Available to You**

Patient Relations Line — for expressing any compliments or concerns, 408.259.5000 ext. 6040.

Pastoral Care — for spiritual and/or decision making support.

Ethics Committee — for consultation about life support or end-of-life decisions.

Patient Rights — for information about your rights as a patient, posted in the waiting room and ICU.

Ask your loved one's nurse about how to access these resources.

## Getting and Giving Information



One of your greatest needs right now is honest information about your loved one. You have a right to understand what is going on around you, and a right to information which will help you best provide for the needs of your loved one. At the same time, you will need to share important information with the doctors and nurses caring for your loved one.

Getting and giving honest information will help in making decisions about your loved one's care.

### Spokesperson Information

According to the federal privacy act entitled the Health Insurance Portability and Accountability Act of 1996 (HIPPA), information will not be given over the phone regarding a patient's condition. Please choose one family spokesperson that the nurse can communicate with regarding daily patient updates.

In order to ensure that the family spokesperson is easily identifiable and kept informed, please take a moment to fill out the attached Family Spokesperson Sheet and return it to the nurse or unit clerk.

We ask other family members and friends to please refer to the designated spokesperson for updates.

### **Suggestions for Communicating with the Critical Care Team**

1. Find out who the primary physician and Critical Care nurse are and introduce yourself. Let them know you are there!
2. Find out their schedule and arrange a mutually convenient time to talk on a regular basis.
3. Prepare for these meetings ahead of time. Make a list of questions after discussing concerns among yourselves.
4. Select a family spokesperson who can speak for all of you and who can share new information with the rest of the family.
5. Provide as much information as you can about the patient, especially when the patient is unable to communicate.

6. Be sure to share the wishes of the patient regarding surgery, life-support equipment, dialysis and other difficult decisions with the Critical Care physician. Try as much as you can to express the patient's wishes, or what you believe to be the patient's wishes.
7. Write down information you might not remember, especially if you are responsible for passing it on to the rest of the family.
8. Make sure the Critical Care team knows how to contact you when you are not at the hospital, and that you know how to reach them when you need to.
9. Find out how to get information by telephone — either who and when you may call, or who will call you for an update.
10. Ask the nurses what you can do specifically to help.
11. You may feel you have received conflicting information about the patient from the different doctors, nurses, or other staff with whom you have spoken. Be sure to check any conflicting or puzzling information with the physician in charge. Sometimes a simple difference in wording may have created the confusion.





## Resources

### **Regional HealthSource Physician Referral and Information**

888•RMC•8881 (English, Español)

888•RMC•8811 (Vietnamese)

### **Regional Medical Center of San Jose Cancer Care Institute**

725 E. Santa Clara Street, Suite 103

San Jose, CA 95112-1934

Phone: 408•977•4673

### **Regional Surgery Center**

221 North Jackson Avenue

San Jose, CA 95116-1691

Phone: 408•729•2848

### **Regional Rehabilitation Services**

225 North Jackson Avenue

San Jose, CA 95116-1691

Phone: 408•729•2882



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