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RECOVERY UNIT**

A GUIDE FOR FAMILIES

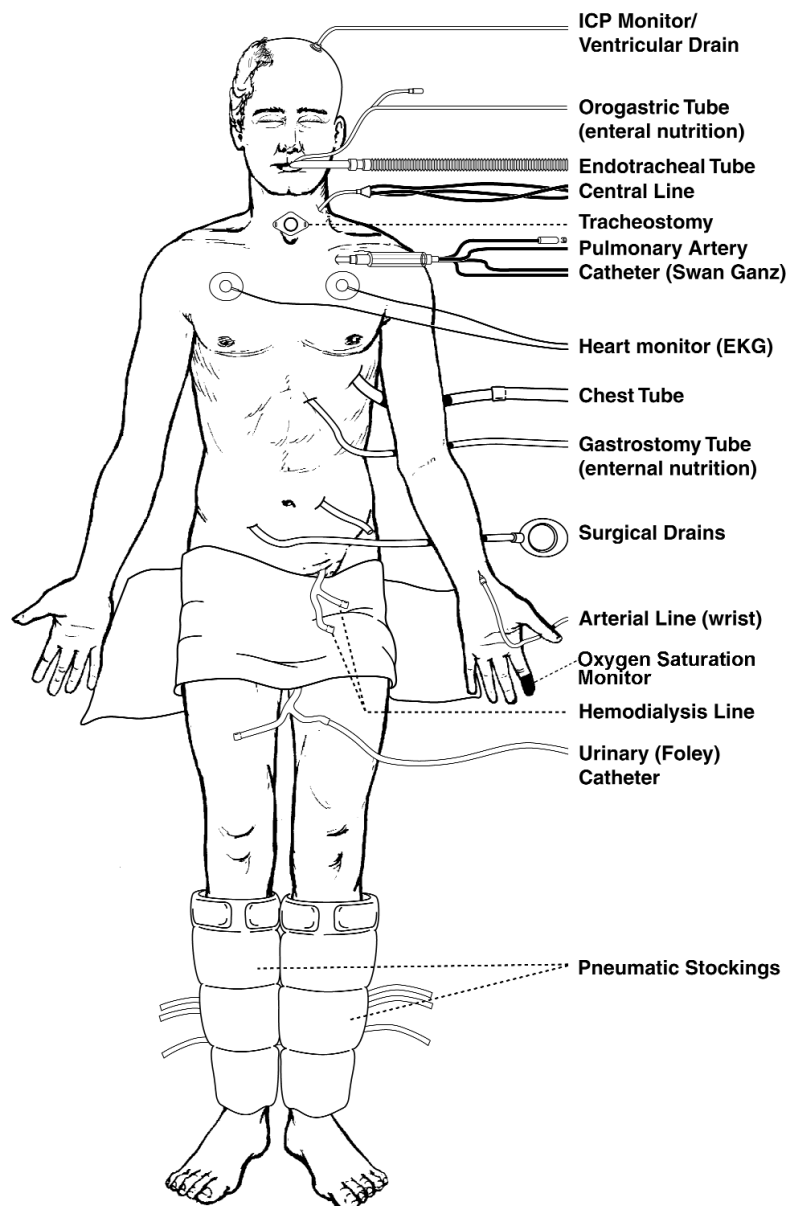


**CARDIAC SURGERY
RECOVERY UNIT**

**A GUIDE FOR
FAMILIES**

BAY _____ BED _____

*We gratefully acknowledge the efforts of the Calgary Health Region in
the development of their ICU Family Brochure which served as a model for this brochure.*



Some lines and tubes that you might see in CSRU.

WHAT IS THE CARDIAC SURGERY RECOVERY UNIT

There are two adult critical care units at London Health Sciences Centre (LHSC). The Intensive Care Unit (ICU) at University Hospital is composed of two separate zones: the Cardiac Surgery Recovery Unit 14-beds and the Medical-Surgical ICU 24-beds. People who come to stay in the Cardiac Surgery Recovery Unit (also called CSRU) are those who have had heart surgery. This would include coronary artery bypass grafting or “bypass surgery”; replacement of a heart valve; or a heart transplant.

HIGH TECH AND HIGH TOUCH

When you first visit a patient in CSRU it may be overwhelming for you to see all of the equipment surrounding your family member. What you see and hear is the latest technology that helps us provide the best possible care.

If you are a heart surgery patient, you will wake up in CSRU. You will have a lot of lines and tubes inside you when you first wake up. This may feel odd or a bit uncomfortable but it is important that you do not touch the tubes. Your nurse will ask if you are uncomfortable and will give you pain medication. The lines and tubes will be removed as you need less assistance with your breathing and less invasive heart and blood pressure monitoring.

All CSRU machines have alarms to inform the health care team when a patient's condition changes. There are many different alarms. The amount of alarms you are hearing and noise may surprise you at first but over time you will likely get used to the sounds. Some alarms alert the staff to possible emergencies, but most of the alarms are for information telling the staff to check the equipment when they can. The health care team can tell which alarms are for an emergency, and which are not. If you have a concern about an alarm please ask the staff about it.



VISITING IN THE CSRU

You are a very important part of the care of your loved one. Our critical care team is committed to providing quality patient-centered care. We believe that families and significant others are integral to the care, comfort and recovery of critically ill patients. We need to care for you and your loved one. To help make your visits easier, here are a few tips:

Before and after every visit to the bedside, please use the alcohol based hand rub or wash your hands as instructed. If you or other family members are sick, you should avoid visiting. If your loved one has been placed under precautions (which are part of our infection control policies), you will be asked to wear a gown at the bedside as well. Even if you stay in the waiting room, you can spread germs to other visitors, who may infect other critically ill patients. If you are unsure of whether it is safe for you to visit, please check with the bedside nurse before you come to the hospital. (Please refer to limiting the spread of infection).

Restraints: Patients may become confused or agitated when they are not well. When this occurs we will do our best to assess why this is occurring and make every attempt to provide an alternative for their actions. When harm to themselves or others becomes an issue, we may use soft ties around their wrists to limit movement. The use of these ties is kept to a minimum and the nurse will routinely assess the patient to determine an appropriate time for removing them.

Sedation: medication given to calm the patient.

Suctioning: Removing secretions from the mouth and airway. For the airway, a small tube is passed through the endotracheal tube and suction is applied. This may make the patient cough. For the mouth, a hard blue plastic device is placed in the mouth (similar to what a dentist might use).

Tracheostomy Tube: a curved tube placed in the neck to keep the opening free after a tracheotomy. The patient will breath through this tube.

Tracheotomy: The operation of opening a hole in the trachea through the neck to facilitate breathing. A tracheotomy is usually temporary. This operation is most often done at the bedside by a specially trained physician and anesthetist. The patient is asleep during the procedure. The most common reason to do a tracheotomy in CSRU is to help the patient “wean” from a ventilator.

Ventilator: a machine that delivers oxygen and helps a patient breathe.

Warming Blanket: a foil-like blanket inflated with warm air through a large hose. Many patients return from the operating room feeling cold. The blanket is placed over the patient to warm them and reduce shivering.

Weaning: the gradual process of removing something so that the patient no longer requires support. We often talk of “weaning” the patient from the ventilator or breathing machine. During this process, the work of the ventilator is slowly reduced and the patient gradually, regains the ability to breath unassisted. We also “wean” medications that support the heart and blood pressure.

Echocardiogram: an ultrasound test done on the chest to assess how the heart is functioning. This can be done at the patient's bedside.

ECG (electrocardiogram): a tracing of the heart that provides information about the heart. The patient is connected to a bedside ECG machine.

Endotracheal Tube (breathing tube): a plastic tube that goes through the mouth into the airway (trachea). It is connected to a ventilator to help the patient breathe. Putting in this tube is called "intubation" and is done at the bedside by a physician, nurse practitioner or respiratory therapist.

Extubation: the procedure of removing the endotracheal tube when the patient is able to breathe on their own. This is done by the respiratory therapist.

Intra Aortic Balloon Pump: a long tube that is placed through the groin into the large artery coming from the heart. A balloon on the tube inflates and deflates with each heartbeat to help the heart pump more effectively.

Isolation: when a patient carries bacteria that are resistant to certain antibiotics or have easily transmitted infections they are "isolated" to prevent transmission of the bacteria. Special gowns, gloves and masks must be worn when caring for the patient. Since all of our rooms are "private", a precaution sign will be posted on the wall at the hallway entrance. If the patient requires extra protection from infection because of their immune system, they may be transferred into the main ICU.

Monitor: the large bedside screen that displays the heart rhythm, blood pressure and other information.

MRI Scan: a magnetic x-ray used to look at the brain or other sections of the body. The patient will travel to the Radiology Department to have the MRI.

Intermittent Pneumatic Compression stockings (IPCs): inflatable stockings worn on the legs to prevent blood clots from forming.

Pulmonary Artery Catheter (Swan Ganz Catheter): a special yellow catheter inserted by the physician or nurse practitioner through a large vein into the heart. This catheter provides information on how the heart is functioning.

Visiting hours are flexible and are determined based on the individual needs of each patient and family. Please speak to the nurse at the bedside to discuss your visiting plans and needs. Visitors are generally limited to 2 at a time. Depending on the circumstances, we do make exceptions. Please do not compare your situation to another patient's. Every patient's story and condition is unique and will be treated as such.

There will be times when visiting restrictions become necessary due to patient care activities. Generally it is best to visit after 12:00 noon as; the morning is a very busy time in CSRU. The health care team is involved in "rounds", the exchange of detailed information about patients in the unit from 7:00 am until 9:30 am. Assessments, tests and procedures are done in the morning, whenever possible, by the health care team members caring for your family member. If possible, please do not call or visit during these times. We thank you for your patience.

Patient "rounds" occur again between 3:30 pm - 4:30 pm. You may be asked to step out for a few minutes so that the health care team can discuss information. Evening shift change for the nurses and respiratory therapists occurs between 7pm - 8pm. If possible, please do not call or visit during these times. We thank you for your patience.

You may be asked to wait or to step out of the patient room while a procedure takes place; if a nearby patient is unstable; or when sensitive information is being shared with CSRU team. We understand that waiting is very difficult. When you are asked to wait, we will give you an estimated time such as "please call back in 20 minutes". Please be aware that this is an estimate, the wait may be longer.

We ask that you limit visitors to immediate family. We understand that families today are complex and if you feel that someone else should be allowed to visit, please let us know. ICU has two "quiet rooms" available for short-term use by family members. These

rooms must be shared by all families within the 14 bed CSRU and the 24 bed MSICU, therefore, it is necessary for us to reassess and reassign this space as needed. These rooms must be vacated each day for cleaning. We thank you for your understanding and cooperation in helping us to keep the waiting rooms clean and comfortable for all of our families.

We have volunteers that can direct you to the bedside of your family member. We ask that you consult them before you visit. If there isn't a volunteer available, there is a phone in the waiting room that you can use to call into CSRU. For the privacy and dignity of all of our patients, we ask that you do not arrive unannounced.

You Can Help to Limit the Spread of Infections!

Because hospitals care for patients with a variety of serious problems, including infections, bacteria and viruses are present in all hospitals. Critically ill patients have a number of reasons why they are more susceptible to infection, therefore, all visitors and health care providers must help to prevent the spread of infections.

Most germs are spread on the hands of people who have touched a patient or a patient's bed or bedside area. Although it is very rare for a healthy family member to contract an illness from a patient, visitors can spread germs to the waiting room, which can be carried to patients or other areas.

HAND HYGIENE

Hand hygiene is a term used to describe hand cleaning for the purpose of removing germs. All visitors and health care providers must practice good hand hygiene before AND after leaving a patient's bedside. Hands should be cleansed as you exit the patient's room, before you touch door handles or other objects.

AT THE BEDSIDE

Your family member will require some medical equipment and may require some procedures during their stay in the Cardiac Surgery Recovery Unit. Our health care team will explain to you what the equipment is and why it is being used. Please ask if you have any questions.

Here are some of the things you may encounter: (If you hear a word or phrase that is not here please feel free to ask.)

Arterial Line: a small plastic tube placed into an artery (in the wrist, groin or foot) that allows blood pressure to be monitored continuously and blood samples to be drawn painlessly.

Blood Gases: a blood sample that measures oxygen and carbon dioxide levels in the blood. This test is used to assess how well a patient is breathing.

CAT Scan (or CT scan): a two dimensional x-ray. When a CT scan is arranged, the patient will travel to the Radiology Department on the second floor for the scan.

Central Line: a medium-size plastic tube placed into a large vein (in the neck, the front of the chest or the groin) to run intravenous fluids and monitor pressure in the vein.

Chest Tube: a large plastic tube placed in the chest, through the chest wall, to drain air or fluid from around the lungs.

Delirium: a state characterized by confusion, poor memory, inability to focus, changes in sleep, restlessness, drowsiness or perceptual changes. It is not permanent but can take weeks to resolve.

Dialysis: a machine that takes over the function of the kidneys. When a patient's kidneys are not functioning well, their blood will be put through a dialysis machine to remove waste and toxins. This may be done continuously (Prisma) or intermittently (for a few hours every day or two) at the patient's bedside.

Dialysis Catheter: a medium size plastic tube placed into a large vein (in the neck, the front of the chest or the groin) to connect to a dialysis machine.

and provide referrals to community agencies if necessary. Please ask any staff member for assistance if you would like to contact a social worker.

Clinical nutritionists (dietitian) assess patients' nutritional needs and recommend an appropriate diet. This diet may be eaten or may need to be given through a tube into the stomach/small bowel (enteral nutrition) or through an IV line (parenteral nutrition or TPN).

Medical radiation technologists (x-ray techs) play a diagnostic role, taking daily x-rays to help monitor the patients' progress. They also provide CSRU team with valuable information to aid in excellent care.

Speech language pathologists assess and treat patients' swallowing. Upon referral, they will do a swallow assessment at the bedside, or an x-ray procedure called a modified barium swallow, to decide best treatments for swallowing problems. Speech Language Pathologists also help CSRU staff and families communicate with patients who are having difficulty speaking.

Occupational therapy (OT) focuses on preventing changes in range of motion, often associated with bedrest and decreased activity. This may be accomplished through positioning with splints or other devices.



Unless your hands are visibly soiled, the best way to clean your hands is by using a waterless alcohol-based hand cleanser. Dispensers are located at every bedside, and at various locations throughout ICU.

You Can Help to Limit the Spread of Infections!

- Wet hands with warm water
- Apply 1 or 2 pumps of soap
- Rub hands together vigorously for at least 15 seconds to lather the soap and cover all surfaces of hands
- Pay attention to finger tips, between fingers, backs of hands and base of thumbs
- Thoroughly rinse soap from hands
- Blot hands gently with paper towel; Dry thoroughly; Use paper towel to turn off faucet

Alcohol-based Hand Rub

- Ensure hands are visibly clean (if soiled, use soap and water first)
 - Apply 1 or 2 full pumps of product to palm of hand
 - Spread over all surfaces of hands and fingers
 - Pay attention to finger tips, between fingers, backs of hands and base of thumbs
 - Rub hands together until product is dry. This will take 15-20 seconds if sufficient product is used.
- Hands must be fully dry before touching the patient or patient's equipment.

Isolation Precautions

Occasionally, patients may be placed on isolation precautions. Some germs are spread by touching a contaminated item, while others are spread by coughing and spraying infected droplets into the air (such as the common cold). There are different types of isolation, depending upon the way that a germ is spread. If a patient is on isolation, the nurse at the bedside will tell you the type of precautions that need to be taken. The most important precaution is always to practice good hand hygiene.

What if you or other visitors are sick?

If you or other family members are sick, you should avoid coming to the hospital. Even if you stay in the waiting room, you can spread germs to other visitors, who may infect other critically ill patients. If you are unsure of whether it is safe for you to visit, please check with the bedside nurse before you come to the hospital.

Remind others to practice hand hygiene

If you notice that someone has come in contact with a patient without practicing hand hygiene, you are encouraged to remind them to wash their hands.

ENVIRONMENTAL CLEANING

Each bed, bedside area and medical equipment is thoroughly cleaned after each patient use or discharge. If you have any concerns about the cleanliness of the environment, please speak to the Charge Nurse or Manager at extension 32408.

patient situations providing support and direction to other CSRU team members, much like the physicians. The APN works Monday to Friday and provides continuity of care to CSRU patients and their families.

Support Staff:

Communication Clerks are frontline administration support staff responsible for clerical work pertaining to patients care within CSRU. They liaise between other areas of service.

Environmental Service Worker (ESW) provides housekeeping services, such as cleaning and sanitizing to all areas. The ESW will maintain a safe, clean, functioning and well organized work environment.

Support Service Worker (SSW) enhances the quality of patient-centered care by providing traditional support services such as stocking supplies and the delivery of meal trays.

Porters transport specimens, equipment and patients within the hospital.

Registered respiratory therapists (RTs) specialize in providing therapeutic interventions to patients who need breathing support. The RT operates and troubleshoots ventilators, oxygen, suction and monitoring equipment used at all bedsides.

The physiotherapist (PT) provides chest/lung care with the intent of optimizing lung function through a variety of techniques. They also help patients maintain/regain muscle strength, and get patients up and moving at the earliest opportunity. Physiotherapists screen all patients daily, consult with CSRU team, and provide treatment upon referral.

The pharmacist works on CSRU team to ensure the safe and effective use of medications. Medications for each patient are reviewed to ensure the doses are appropriate and there are no drug interactions.

Social workers provide support and counseling for family members, help organize family conferences with the medical team

WHO PROVIDES CARE IN CSRU?

During visits to CSRU you will see different health care professionals caring for your family member. This section explains what these professionals do.

Physician:

A physician with specialized training in critical care medicine, cardiac anesthesia or cardiac surgery organizes medical care for the patients in CSRU. There is one physician who works during the day and another who works during the night so that there is full physician coverage 24 hours a day. The physician is responsible for the care of CSRU patients for one week at a time. The physician leads discussion of patient care daily with CSRU team. He or she communicates and coordinates care with the cardiac surgeon who performed the surgery. Residents and Fellows (doctors in training) also work in CSRU and one or more is present 24 hours a day.

Registered Nurses:

All patients receive high quality and personalized care by a registered nurse who has completed additional education in critical care. Each nurse is responsible for the monitoring and care of one or two critically ill patients. Whenever possible, the same nurse will care for a patient during one 12-hour shift, on two to four consecutive days.

Our nurses welcome the opportunity to discuss your family member's care. We also have a Charge Nurse on duty 24 hours per day. You may direct additional questions or concerns to the Charge Nurse, or to our CSRU Coordinator at extension 35339.

ADVANCE Practice Nurse:

A registered nurse with advanced education works in close partnership with CSRU physicians. The advance practice nurse (APN) is responsible for assessing patients and managing complex

QUALITY AND SAFETY IN CSRU

Our goal in CSRU is to provide the best possible care for our patients and their families. As a university affiliated medical centre, we participate in the training of students from a variety of health professions. Consequently, our multidisciplinary teams continually review our practice guidelines to ensure that they reflect the most recent research findings. CSRU and the members of our team actively participate in a number of provincial and national activities aimed at promoting quality critical care services.

You may observe a number of procedures or practices when visiting the CSRU, which are being done to reduce the chance of complications. CSRU monitors a number of patient outcome variables, including central line infection, antibiotic resistant organisms and pneumonia rates. This data is used to evaluate important trends and to guide quality improvement activities. To find out more about London Health Sciences Centre Accountability, select the accountability link from the main hospital website at <http://www.lhsc.on.ca>.

TAKING CARE OF YOURSELF

When a family member is ill or has major surgery, it can be easy to forget that you need to take care of yourself as well. You play an important role in the care of your family member, so it is important that you stay healthy.

Suggestions for Coping and Staying Healthy:

1. Sleep is important for good health. Your family member will rely on your strength as he or she starts to feel better. You may feel uncomfortable about leaving the hospital while your family

member is in hospital, especially if it is for a long time. Leaving the hospital is the best way for you to get good rest. If you are from out-of-town, ask the staff for help finding a suitable place to stay. If you wake up in the night and wish to know how your family member is doing, give us a call. We will always call you if there is a significant change.

2. Eat balanced meals even though you may not feel hungry. Proper nutrition is important to maintain strength.
3. Take a break. When your family member's stay with us is long you will need to take some breaks from the hospital. Go for a walk in the fresh air or go out for a cup of coffee.
4. Try to maintain your normal routine as much as possible. Any medical conditions you may have can change during a stressful time such as this.
5. Spiritual support is important. You may bring your own clergy to the hospital at any time. Pastoral care is available at the hospital. If you would like a visit from an interfaith chaplain, please notify the nurse.
6. If your family member's situation has become critical, try to keep a positive yet realistic outlook. It is common to see signs of progress and then setbacks, when patients are critically ill. Our goal is to promote patient comfort no matter what the situation may be. It often helps to discuss your feelings with someone and the staff can help.

Keeping You Informed

While your family member is in CSRU they are in a special section of the Intensive Care Unit. Communication is one of the greatest needs during your family member's stay in CSRU. We will do our best to update you as quickly as possible.

Your family member will come to CSRU directly from the operating room. The volunteer in the waiting room will let you know when your

family member has arrived and when you may visit. Feel free to check with the volunteer as they can call to check if your family member will be arriving soon.

When your family member arrives in CSRU, there will be a period of time when you will be asked to wait until the healthcare team gets the patient settled and before you can visit. After your first visit, you may contact the appropriate bed number extension to call for an update and schedule subsequent visits.

The health care team knows that receiving information can be overwhelming at times. Feel free to ask questions. We will answer to the best of our knowledge. If you are uncertain about what you have been told, please let us know. If you cannot have your questions answered right away, write them down so you will remember them. We want you to fully understand the situation.

Privacy and Confidentiality

To respect patient privacy and confidentiality each family will be asked to choose a password which will help identify those who have permission to receive information about their family member. Nurses will ask all who call in for this password prior to sharing information on the phone.

To help our staff communicate with your family member's family and friends, choose a family spokesperson. This spokesperson will be the primary contact for CSRU team to share information and organize meetings.