



James Giraldi Intensive care unit

Family Information booklet

James Giraldi Intensive Care Unit Family Information Booklet

Having a relative or loved one admitted to the Intensive Care Unit (ICU) can be a very stressful time for you all.

We understand that you wish to be kept informed on your relative's progress; therefore, we have created this booklet to give a general idea of what you can expect from the unit and the staff here.

If there is any additional information you need or further explanation required, then please do not hesitate to ask any staff member, we will be pleased to help you.

What information are you going to find on this booklet?

1.- James Giraldi Intensive Care Unit. General information

2.- Information on the Humanised Open Unit and how this will work?

3.- Main carer role.

1. James Giraldi Intensive Care Unit - General information.

Our unit is located in the purple zone, on the 1st floor, above the Accident & Emergency department. We have a 13 bedded unit, where you will find patients requiring different levels of care (from monitoring and observation to patients who are intubated and ventilated).

Patients

Our patients here are normally attached to various machines and cables that give us information about their vital signs. The patients monitor is connected to the central monitor so that we can observe all the patients currently on the unit from the nurses' station.

The Critical Care staff

The staff of ITU consists of; nurses, doctors, physiotherapists, dieticians, a ward clerk and members of the domestic team. Every shift is coordinated by a nurse in charge. The goal of the team is to offer the best quality patient centred care and to promote the well-being of the family.

Environment

Apart from the clinical area where the patients are, we have a waiting room where the visitors can wait until it is appropriate for you to enter, we also have a family room where the main carers can rest, have a beverage or meet with other families.

The patient can be placed in one of the open bed spaces (separated by curtains if and when necessary) or in one of the three side rooms that the unit has.

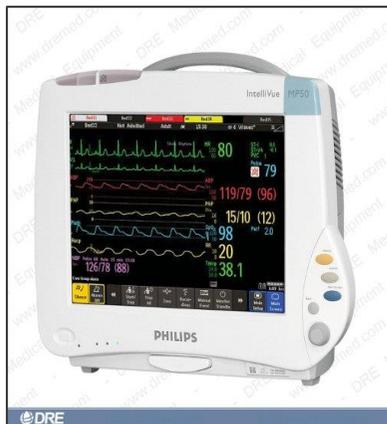
These side rooms are usually used in cases when the patient needs to be isolated from the rest of the patients. This could be due to infection, immunosuppression or due to the patient's current condition where the family need a quiet and calm area.

Equipment

We have many different machines within the unit and your relative/loved one may be attached to one or more of these.

Please be aware that each patient may have different conditions and will require different treatment, meaning the equipment may also be different.

The machinery shown in this booklet will give you an insight into what you might see when you visit your relative or loved one.



Cardiac Monitor:

This machine is attached to the patient with a number of cables and can give us continuous information of the patient's vital signs; such as heart rate, blood pressure, respiration rate and oxygen saturations. This screen can be seen both at the patient's bedside and by the nurses' station, so that nurses can monitor the patient's vital signs without being directly by the bedside.

The monitor can alarm at times, but often they are not urgent but will be acknowledged. The nursing staff will identify which alarms require urgent attention.



Non-invasive ventilation:

This can also be called BiPAP or CPAP. It is attached to a mask on the patient, which is applied tighter than the normal oxygen mask, this forces air into the lungs of the patients who require some help with their breathing. With this system the patient does not need to be sedated and can be used intermittently.



Ventilator:

A ventilator is used when a patient is critically ill and needs assistance to breathe. The doctor, usually an Intensivist will place a tube into the lungs and connect them to a ventilator like this to assist with the breathing. This procedure is done under sedation and the patient can be kept sedated for a period of time. Once the patient improves, we can then start to reduce the support to the lungs until the patient can breathe by themselves adequately.



Hemofiltration machine:

It does the same job that the kidney does. The hemofiltration machine will extract toxins and residues from the body by filtering and cleaning the blood. To do this, it is necessary to have a tube called a catheter inserted in one large vein that can be either on the neck, shoulder, or in the groin.



Syringe pumps and Infusion pump:

It is a device that is used to administer medication intravenously as precise as possible



2. Humanised Open Unit. How does it work?

As part of our new philosophy and the humanisation project of the unit, ICU is considering an open unit where family are integrated and are an active part of the healing process of the patient. We are going to work as follows:

a. One family member can become the main carer or point of contact of the patient, this does not need to be the next of kin. For that, the main carer has to sign a “contract” as, that role will include not only certain privileges, but also responsibilities (3. The main carer role). We also request a second relative be nominated to cover the main carer if needed and appropriate.

b. The rest of the family can visit the patient during the regular visiting hours from 13:00 to 14:00 and from 17:00 to 19:00; however, if for some reason you are unable to visit during these hours due to other commitments this can be discussed with the nurse in charge. We advise no visiting between 14:00 and 16:00 as during this time there will be an uninterrupted rest period for the patient.

c. Whilst children under the age of 12 years are not forbidden to visit, the decision as to whether this is appropriate will be left to their parents or guardians as it will be necessary to prepare the child before they enter the unit, this can be done by either the parents and/ or a staff nurse if preferred. The supervision of the child remains the responsibility of the parent/guardian at all times, they may be asked to leave the unit if the child becomes unruly or upset. On some occasions children may not be permitted in the unit due to contagious infections or on-going procedures.

d. As part of the humanisation project, the staff will try to facilitate an encounter with the patient's pet, if felt this would improve the morale and condition of the patient once the patient's general condition allows.

e. As the main carer is now integrated in the care of the patient, they will be more aware of what is happening regarding the patient, however, if further information is required, the family can ask the allocated staff nurse, nurse in charge, or request a formal appointment with the doctor.

f. Personal belongings. We encourage the family to bring the patient's own shampoo, soap, toothpaste and toothbrush, deodorant, hairbrush or comb and perfume. We also, when possible allow the patient to use their own pyjamas, gowns, slippers and other belongings such as books, iPad/tablets. We do not advise to bring money, jewellery or valuable items on to the unit, a disclaimer form will need to be signed on admission as part of the GHA policy. If the patient has dentures, a pot with the patients name on is required. Please bear in mind that we have limited storage facilities.

g. Communication: we allow the use of mobile phones, tablets and other devices on the unit, taking in consideration the volume of the ringtone, so that other patients and their family members are not disturbed. We recommended the use of headphones when using radios or other devices to listen to music. Video calls and taking photographs are not permitted on the unit to protect the privacy of other patients and staff.

h. We respect each individual's religious beliefs and encourage patients to bring their religious items.

I. It can often become monotonous in the ICU so we encourage patients to bring items such as crosswords, knitting or books in to help pass the time.

If there is anything further you or the patient need, or any other information that has not been provided, you can discuss this with the allocated staff nurse or the nurse in charge. We are here to help your relative get better but if your encounter any problems we cannot help with, the hospital also has a complaints procedure if you so require.

3. The main carer role:

In agreement with the patient, one or two people will be nominated to be the main carer or point of contact. The individuals will be provided with one card/pass and will have free access to the unit 24hours.

However it is the responsibility of that individual to assist us in the following way:

a. To cascade the information regarding the patient to the rest of the family/relatives.

b. To participate in the care of the patient: hygiene, feeding and mobilisation. All this will be taught and followed up by the team of staff nurses, physiotherapist, speech and language therapists and dieticians.

c. To accompany the patient throughout the course of the day, encouraging and stimulating the patient to make the time pass, the day easier and promote healing

The main carer role will be a signed contract, as detailed below, with the responsibilities and guidelines that are to be followed on ITU.

If you have any queries, do not hesitate to ask the staff.

We are pleased to help you.

Intensive Care Unit

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Main Carer Contract

1. The Critical Care Unit

➤ Your family member has been admitted on the ICU James Giraldi Intensive Care Unit at St Bernard's Hospital.

➤ When you enter the unit, you will find your relative monitored with a number of cables attached to machines that make many different noises.

➤ Nursing staff have a central monitor where every patient can be monitored and nursing staff can see everything happening, so when required the nursing staff will go to the patient. The patient also has access to a call bell so that they can ask for help if it is needed.

➤ The unit has 13 beds. It is important that once you have arrived to your relative's bed space that you do not walk around the unit. This is to preserve the privacy of the rest of the patients and prevent the spread of infection.

2. Visiting time of the main carer and the basic rules

➤ As main carer you will be the relative with the most responsibility to provide company to the patient and receive information regarding the patient and to share this with the rest of the family.

➤ Access for you to the unit will be from 09:00 – 20:00 and through the night from 21:00 – 08:00. During the handover we will ask you to leave the unit to preserve the privacy of the rest of the patients, as patients conditions will be discussed in depth.

➤ As the main carer you will be issued with a name badge/identification badge that we request is visible at all times.

➤ General visiting time will be from 13:00 – 14:00 and 17:00 – 19:00. Two visitors at the time will be permitted in each bed space at any one time; however they can swap with others during this visiting time.

➤ There will be no visiting between 14:00 and 16:00 as during this time patients will have an uninterrupted rest period to promote sleep.

3. Basic rules that must be adhered to on the CCU

➤ Visitors and main carers are requested to leave the unit during the handover period and go outside of the unit to the family room; you must not stay in the corridor.

➤ Do not disturb other patients. Please speak in low voices and reduce the ringtone of your mobile, if you need to take a call, please step outside the unit to do so.

- If the patient wishes to be alone, we respectfully ask that you please leave the unit.
- You can request an appointment with the doctor whenever you wish for a formal update, however, any questions that you may have may be answered by the nursing and medical staff on the unit at the time.
- We will always prioritise patient wellbeing so if necessary ICU staff can remove the main carer pass. You can always return at normal visiting time hours.
- If asked to leave the unit under any circumstances please do so quickly and quietly, especially during an emergency situation.
- We will not provide you with any medication, please ensure you bring your regular tablets with you.

4. Hand Hygiene

- You should always apply the alcohol hand gel when entering and leaving the unit. You can see how to do it on the display close to the hand gel dispenser. If you have any questions, please ask the staff.

5. Isolation

➤ In certain circumstances your relative may be placed in isolation. You should use the soap and water or hand gel, facemasks, apron and gloves as instructed. You will find a bin outside the room to dispose of it all upon leaving the room. You should then use the hand gel again to cleanse your hands. Please ask if you require assistance to put on this protective equipment.

➤ Do not walk around the unit wearing an apron and gloves to reduce the spread of infection.



6. Role

➤ Your cooperation along with the ICU team in promoting the recovery of the patient.

➤ Participate in patient's hygiene, feeding and mobilisation.

➤ Share the information with the rest of the family.

Name of patient.....

Staff Nurse.....

Main Carer.....

I have been informed about the unit and basic rules and I agree to accept them.

Signature:

Date:

