

# **Canterbury**

District Health Board

Te Poari Hauora o Waitaha



## **DEPARTMENT OF INTENSIVE CARE**

### **INFORMATION BROCHURE**

**1<sup>ST</sup> Floor, Parkside East**

**Christchurch Hospital**

**Christchurch**

**Telephone: (03) 364-0640**

**Fax: (03) 364-0948**

## **Welcome to Intensive Care**

The Department of Intensive Care is situated on level one of the Parkside block, Christchurch Hospital. When you arrive please pick up the red phone by the entrance door and we will answer as soon as we can.

## **Facilities for Visitors**

The waiting room provides tea and coffee making facilities and a place that you can go to while you are waiting or when you need time out.

Toilet facilities for visitors are opposite the waiting rooms.

Phones are available in the waiting rooms and on the wall outside the Department. Dial one for an outside line. Please let us know if you need to contact family or close friends outside of Christchurch and we may be able to help, alternatively return to the Main Entrance for the public telephones.

There are two cafeterias available within Christchurch Hospital - The Coffee Shop in the hospital concourse and Café Great Escape located on the 1<sup>st</sup> Floor of Parkside West. There is also Café Medici on the 1<sup>st</sup> Floor of the School of Medicine. All are available for meals and snacks. *See Christchurch Hospital Patient Information or map booklet for more information.*

## **Car Parking**

There are pay and display parks on the hospital grounds. Christchurch City Council manages these parks. There is also a parking building in Antigua Street, which can be accessed from the hospital by a tunnel. We may be able to assist by providing parking coupons. Please ask a member of staff.

## **Admission**

The time of admission is often very stressful. To fully assess a patient takes time, leading to inevitable delays. A suggestion would be to inform family and friends of what is happening during this initial waiting time.

You will be introduced to the nurse who is looking after your relative/friend. A full explanation of the condition and the treatment that they are receiving will be made available as soon as possible. Advice about visiting, what support services are available and information about equipment will be given once your relative/friend has been settled in.

You will need time to take in this unexpected event, to become familiar with the environment as well as the issues that arise and their implications. We understand this; so take the time you need and please feel free to ask any questions be they big or small. Sometimes answers may be long and complicated so don't hesitate to ask again if you need to.

Remember too that your health is very important. While you might feel compelled to be at the hospital you may be faced with attending to other commitments, or supporting other family members. Try not to take too many responsibilities on your shoulders alone. Share them around and allow others to assist. Taking shifts visiting your relative/friend can be a good idea. Allowing yourself breaks will help you to provide the best support you can to your relative/friend for as long as you need to.

Take time out for walks, fresh air, drinks and regular meals. When your relative/friend is more stable, going home, to friends or your own accommodation to sleep will be more restful. We will contact you if necessary. Remember to leave a contact telephone number with the nurse.

## **What is Intensive Care?**

Patients who sustain severe trauma, have undergone prolonged or complicated surgery or suffer from a severe infection will often need to be in Intensive Care. Here the intensive care team can provide specialised treatment, support and close observation.

The technical nature and machines of intensive care can be intimidating and make you feel alienated. Sometimes the patient may have sustained injuries or suffered an illness that alters their appearance. Many visitors are afraid to touch their relative/friend, fearing tubes and wires may be disturbed. Touching and comforting your sick family member or friend is important and the nurse at the bedside will help you overcome any fears and show you which wires and tubes to be careful with. They will also be able to explain the purpose and function of the different pieces of equipment.

If breathing becomes too difficult patients can develop a lack of oxygen. Breathing can then be supported or completely taken over by a ventilator, sometimes called a life support or breathing machine. Similarly if other organ systems are not coping, support can be provided such, as dialysis to help take over the work of the kidneys.

There are monitors above every bed displaying information about heart rate and rhythm, blood pressure, central venous pressure, oxygen saturation etc. This information is picked up from a variety of cables and catheters attached to the patient. Other items you might see are fluid pumps, which infuse drugs to support blood pressure, to relieve pain or drains with bags to collect fluids.

Nutrition is essential in critical illness. Most patients have a thin tube inserted through their nose to the stomach. A feeding pump administers a milky looking substance that contains all the calories, vitamins and proteins normally contained in a full and healthy diet. A patient may need blood or blood products. Our blood bank carefully screens and tests the blood to ensure it is safe.

Patients will be covered with a sheet or half sheet to allow easy access to heart and lung sounds and ECG dots etc. Female patients will have a modesty top over the top half of their body.

## **Staff**

As well as high tech equipment there is a large team working together to provide care, many of whom you will meet. Patients have an intensive care nurse allocated to them for each shift. There are always intensive care doctors available. Other specialists and surgeons will attend their patients in intensive care while allied health professionals have an intermittent presence. You may meet with the physiotherapist, radiographer, dietician, pharmacist, intensive care technician and others while visiting.

There is a social worker available to your relative/friend and/or family who can assist you to manage as best you can by providing support and help in dealing with the impact on you or your family. This service covers counselling, advocacy, gaining information and access to entitlements. There is a pamphlet outside the waiting rooms outlining the range of social work services and how you may access this service.

If you need to meet with any staff please talk to your relative/friends nurse about this.

## **Visiting**

Visiting hours are unrestricted. If you are asked to wait outside, it may be because your relative/friend is having an x-ray, a wash, a change of position or being seen by the doctors or physiotherapist. We will bring you in to visit as soon as possible. Visiting can be exhausting for the very ill and may be restricted to close family and friends.

Please wash your hands before entering the Department. Patients in intensive care are at risk of infection and one way you can help to reduce this risk is by washing your hands before you enter and when you leave the Department.

Please discuss any special needs you may have about visiting so we can assist you.

## Tips for Visiting

Please be guided by the nurse of the day. Below are some suggestions to help you.

- Hold your relative/friend's hand
- Provide reassurance, let them know they are safe in hospital and you are there. This can be important even if you do not get a response. Hearing is the sense least affected by levels of consciousness and a familiar voice can be soothing. Talk about the weather or what is happening at home.
- If you wish, nursing staff can involve you with some cares; moisturising hands, vaseline for lips or mouth swabs.
- We encourage you to bring in special items eg, toiletries, photos, pictures cards and favourite music – CD's.
- Children can easily become bored. Colouring books and pencils as well as drinks are often helpful. Sometimes short visits work better for children.

## General Information

- 📞 We suggest that only one or two members of the family assume responsibility for telephoning the hospital. Others can then contact them for information
- ⊘ Fresh flowers are not allowed in the Department as they are a hazard around electrical equipment and the water may cause the spread of infection.
- ⊘ Please turn off cell phones before entering the Department as these can interfere with electrical equipment.
- Please wear shoes in the Department as occasionally there may be glass or needles on the floor.
- Any one with a cold, cold sore or infection should discuss this with the nurse before entering. It may be necessary to wear a mask or avoid visiting at this time.
- Washing your hands before entering intensive care and again when leaving reduces the spread of infections.
- Please respect the privacy of other patients/families by focusing only on the person you are visiting.
- Bedside space in the Department is limited and it may not be possible to accommodate all visitors at the same time.
- Waiting rooms are available for visitors. Please remember that these rooms are very small and are shared with other families.
- Doctors' ward rounds start at 8.30 a.m. If you need more information than the nursing staff is able to give you, we can arrange for you to talk to the specialist or registrar on duty. There may also be times when a meeting between your family, medical and nursing staff would be helpful in planning care or resolving questions.
- Children must be supervised at all times by a responsible adult.

## **Leaving the Department of Intensive Care**

Generally your relative/friend will transfer from intensive care to another ward before being well enough to discharge home. We endeavour to advise you when this will happen. Transfer to a ward or to another hospital will be arranged only when the high level of support provided in Intensive care is no longer needed.

Moving from intensive care to a ward or hospital with lower levels of intervention and monitoring can be an anxious time for patients and family. To ensure the best transition possible, many patients are visited in the ward they move to by an intensive care nurse or doctor. This is part of the follow-up and outreach service run by the Department of Intensive Care. It may be possible for you to visit the ward in advance to help with orientation and meet staff who will be attending your relative/friend.

Transfers to other hospitals will be by ambulance or air ambulance. Children may be transferred to Starship Hospital in Auckland for specialist treatment. Ask us about assistance with your own transport if you are attending a relative/friend. Orientation for the relatives/friends family to Burwood Hospital can be arranged by the social worker.

## **Accommodation**

Te Whare Mahana provides the only on site accommodation, however there is a range of options within easy walking distance of the hospital. There are several bus routes that pass the hospital, which open up more choices. Timetables are available in the main entrance area.

You may be eligible for financial assistance toward the costs of travel and accommodation if you live away from Christchurch. For more detailed information on accommodation *see the accommodation guide on the noticeboard or ask staff for assistance.*

## **Glossary of Terms & Equipment Used in Intensive Care**

**Antibiotics**—drugs used to treat infection.

**Blood Gas**— a test of how much oxygen and carbon dioxide is in the blood. The results show how well the lungs are working.

**Bradycardia**— slowing of the heart beat.

**Catheter** — this usually refers to a tube inserted into the bladder to allow urine to drain out into a bag.

**Cyanosis**— when skin, lips and nail beds are bluish in colour from lack of adequate oxygen in the blood.

**Endotracheal Tube**— (E.T. Tube) - a tube passed through the mouth or nose into the windpipe to help with breathing.

**Intravenous Fluids** — fluids given directly into the blood through a fine cannula (also called a drip or I.V.)

**Infusion Pumps** — administer fluids at a prescribed rate.

**Monitoring Equipment**— equipment can be attached to the patients skin and connected to monitors to record heart beat, blood pressure, oxygen levels and breathing. Alarm levels are set by the staff to alert them to changes in the patient's condition.

**Nasogastric Tube**— sometimes called a feeding tube. This tube passes through the nose into the stomach to give continuous feed to someone who is not able (or not allowed) to eat normally.

**Swelling/Oedema** — due to large amounts of fluid which has moved out of blood vessels into tissues. This is normally a short-term response to inflammation.

**Tachycardia**— an increase in the heart rate.

**Ventilator**— a machine which helps the patients' breathe by blowing air the lungs.