



A Guide to the Intensive Care Unit (ICU)

University of Toronto Affiliated Community
Teaching Hospital



This booklet will give you information about what to expect at the ICU.

We look forward to sharing this journey with you.
Please let us know if you have any questions.

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Important Contacts

ICU telephone number
416-469-6580 ext. 6563

ICU Physicians (Intensivists)

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Rhiannon DaCosta MD, FRCPC
Alvin Chang MD, FRCPC
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Marilyn Lee RN, BScN, MN, CNCC
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ICU Clinical Resource Leader

Kimberly Capoccitti RN, MN
416-469-6580 ext. 2173

ICU Clinical Supervisor

Donna Rothery RN, CNCC
416-469-6580 ext. 6668

ICU Social Worker:

Alina Mustata HonBA, MSW, RSW
416-469-6580 ext. 6444

Spiritual Care (Chaplain):

416-469-6580 ext.6550

Hospital Bioethicist:

Lorrie Hamilton RN, MHSc
416-469-6580 ext. 3364

Patient Relations Consultant

Office number 416-469-6580 ext. 6096

Please let us know if you have any concerns with the care that you or your loved one receives at MGH. You can talk to your ICU team, supervisor or manager. We are more than happy to meet with you, listen to your concerns, and resolve any problems. If you still have concerns, please contact Patient Relations.

Who We Are

The Intensive Care unit (ICU) at MGH provides intensive care services to patients. The ICU has 19 beds and is located on J2.

The ICU provides intensive medical care, continuous monitoring, and support for critically ill and high-risk patients.

The ICU Team is here to help you. You may feel anxious, scared, and uncomfortable when coming to visit a loved one in the ICU. We understand and want to help you through this difficult time. We can set up a meeting for you and our ICU social worker, chaplain, or bioethicist if needed.

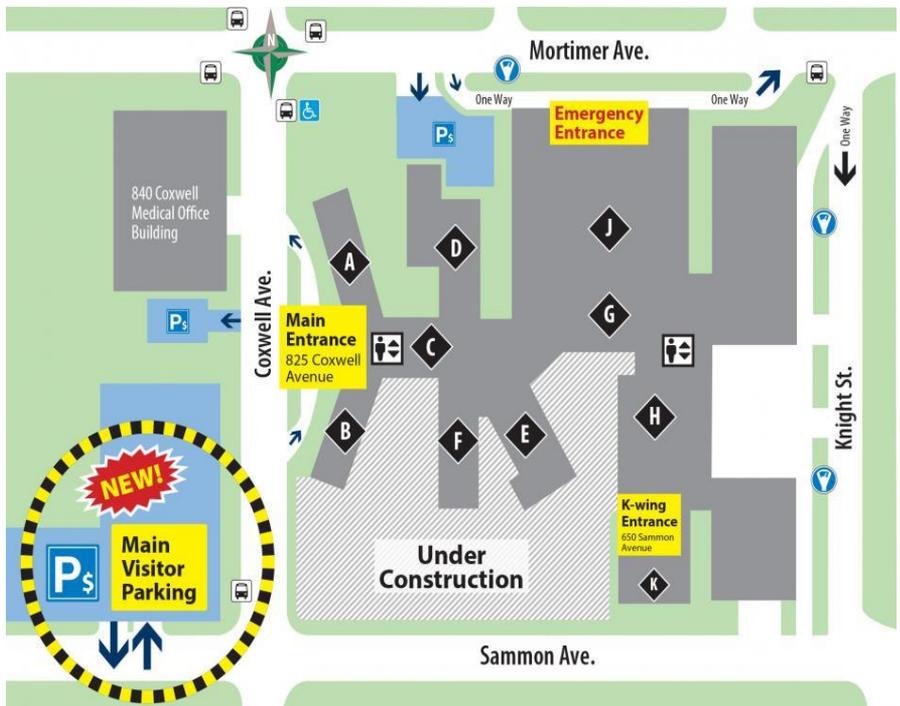
We created this booklet to make your visits to the ICU less stressful. It:

- Describes some of the situations you may face.
- Answers some of the questions you may have.
- Outlines the hospital services available to you.

Please let us know if you have any further questions.

Parking:

Parking is located at the lot on Sammon Ave, west of Coxwell Ave.



Hand Hygiene

Washing your hands is the best way to stop the spread of infection. Please wash your hands using the alcohol based hand rub:

1. Before entering the ICU.
2. Before entering a patient's room.
3. After leaving a patient's room.
4. After leaving the ICU



Please do not visit if you have:

- A cough
- A cold
- A fever
- Vomiting
- Diarrhea
- Any other contagious illness that can be passed on to patients.

We want to make sure our patients stay healthy.

Visiting

The hospital visiting hours are **12:00 pm to 8:00 pm** seven days per week.

The ICU welcomes visitors 24/7 but we may allow only two visitors per patient because of limited space. We strongly suggest that all visitors take time every day to go home to rest. Physical and emotional exhaustion are common for caregivers when a loved one is in the ICU.

To Enter the ICU

When you arrive to the ICU on J2, pick up the phone on the wall beside the main ICU door, and you will be connected to a staff member that will buzz you in once they have checked the visitors list. We ask that all visitors call the ICU before coming to the hospital. This helps us make sure that your loved one is not in the middle of a treatment. We can also coordinate care and provide privacy for all patients.

Bringing items from home: may be comforting but check with the nurse first. For example, plants and flowers aren't allowed because of the bacteria that grow in potted soil and standing water. This may harm your loved one.

You may feel uncomfortable or anxious when you visit the ICU (many people do!). Even still, you may be able to calm and comfort your loved one just by being there. You can talk about yourself, the weather, the news, or sports.

The Waiting Room

The Waiting Room is outside the main ICU. The waiting room has a washroom, television, and telephone you can use. Please dial 9 first to make an outside call.

There is also a pay phone in the hall outside the ICU.

You may use the waiting room while waiting for your loved one to be admitted to the ICU:

please let us know who you are here for. This way, the staff can let you know when your loved one arrives in the unit, and update you on their condition. This will also make it easier to find you if the doctor needs to speak with you.

It can sometimes take up to 30 minutes before the nurse will let you know that you can visit. This is so the team can examine your loved one. Blood tests and x-rays are often needed.

Keeping in Touch

When a patient is in the ICU, communication is vital. We understand how important it is to keep you informed.

The ICU Nurse is your key resource to help you get information. This nurse meets with the ICU physician and team every day to talk about your loved one's condition and treatment plan.

Please feel free to ask them any questions you may have about your loved one's care or progress. The ICU physician and other team members are also pleased to meet with you.

It may be helpful to write down questions that you want to ask so that you don't forget to ask them when you meet with the ICU Team.

POA/SDM: The healthcare team will communicate with your loved one's Power of Attorney for personal care (POA) or Substitute Decision Maker (SDM). The POA or SDM can share this information with family and friends.

This ensures privacy of information. It also gives the staff a contact person in case we need to speak with a family member.

If you are not the POA/SDM, the ICU team may not be able to give you any information, unless the patient has told us it is okay. We may not share certain information over the telephone. Please make sure the nurse has the SDM's contact information and/or a copy of the POA document for personal care.

Please let us know if your loved one has any special needs, cultural or religious beliefs. This information will help us provide more personalized care.

What to Bring

Most patients like to have their own personal care items close by. This is both useful and comforting. Here are some items to consider: What to bring:

- Toiletries (such as a toothbrush, toothpaste, soap, lotion, shaving supplies, and a hairbrush)
- Personal items such as glasses, contacts, dentures, hearing aids, or earplugs
- Housecoat
- Non-skid slippers

What to leave at home:

- Wallet
- Purse
- Jewellery

The ICU is not responsible for lost or missing items, including electronic devices. It's a good idea to label the items you bring, in case they are misplaced.



The ICU Team

The ICU works as a **TEAM**. All of our staff, from housekeeping to physicians, plays an important role in delivering the best care to your loved one. MGH is a community teaching hospital that helps train future healthcare providers. This means that while you are at MGH, students from different professions will take part in your care.

Here are the different team members you may meet:

ICU Physician (Intensivist)

- Physician who specializes in the care of critically ill patients.
- Coordinates and directs the care of ICU patients.
- Rotates every 3 to 5 days and may change during your stay.

ICU Fellow

- Senior resident physician who specializes in the care of critically ill patients.

ICU Resident

- Resident physician that works under the direct supervision of the ICU physician (Intensivist).

Consulting Physician

- Specialist who gives advice on a specific aspect of care. For example, a Cardiologist has extra training to care for heart conditions.

ICU Bedside Registered Nurse (RN)

- Critical Care trained and certified Registered Nurse who specializes in the care of critically ill patients.

- Works closely with the ICU physician.
- Excellent person to talk to for patient care updates

ICU Personal Support Worker (PSW)

- Helps nurses provide personal care to patients.
- Makes sure that patient rooms and other areas have the supplies needed.

ICU Pharmacist

- Looks after prescriptions and helps reconcile medications from home.

ICU Respiratory Therapist (RRT)

- Specialists who can assess and treat patients with breathing difficulties.
- Important role in overseeing methods of assisted breathing

ICU Manager, Clinical Resource Leader and Clinical Supervisor

- Makes sure patients get safe and high quality care.
- Supports patients, their family members, and staff.
- Oversees and coordinates ICU activities.

ICU Physiotherapist (PT)

- Supports patient movement to help with range of motion, muscle loss, and joint stiffness.
- Supports breathing exercises to lower risk of chest infections.

ICU Speech Language Pathologist (SLP)

- Checks how well a patient can swallow. Figures out what is safe for a patient to eat.

ICU Dietitian (RD)

- Figures out patient nutrition care plans and what/how much a patient should eat and drink.

ICU Social Worker (SW)

- Provides emotional support and counselling to patients and families in the ICU.
- Helps families cope with critical illness and concerns related to death and dying.
- Sets up family meetings and helps with communication between patients, their family, and the ICU team.
- Offers practical help with finances, legal issues, and community referrals.

ICU Chaplain

- Provides spiritual care and guidance for different faiths, religions, and non-denominational care.
- Can reach out to different religious leaders in our community.

Hospital Bioethicist

- The bioethicist can help with difficult decision making.

Antimicrobial Stewardship Program

- The Antimicrobial Stewardship Program team at Michael Garron Hospital ensures that patients get the right drug for the right bug at the right time.

What you might see in the ICU

Visiting the ICU may be overwhelming. The ICU is a “U” shape with 19 private rooms. Each room has the latest technology to care for your loved one.

Here is some of the equipment staff may use with your loved one to help with their care:

Cardiac Monitor



A cardiac monitor checks vital signs, such as heartbeat, blood pressure and breathing.

Tubes and Drains

Intravenous tubes (IV) deliver fluids and medications directly into the body. Medications can help keep your loved one comfortable. An electronic pump tracks the IV fluid.

You may also see other tubes and drains. The nurse will be happy to explain why your loved one needs these tubes and drains. A patient may also need wrist restraints so they don't pull out their tubes.

Patients may be swollen if they got a lot of IV fluid. The swelling and puffiness should go down as the patient gets better.

Oximeter



An oximeter goes on a fingertip or the ear and looks like a clothes peg. An oximeter lets the team know how much oxygen a patient needs.

Breathing Devices

Patients often need help breathing. There are different devices that can help:

- Nose prongs or by a loose fitting mask can give oxygen to a patient.
- A ventilator or a non-invasive breathing machine (BIPAP) can help a patient breath. Patients on BIPAP have a tight-fitting mask attached to a breathing machine. The mask forms a tight seal around the patient's nose and mouth. This makes it difficult for the patient to talk. Patients are not able to eat but they will get nutrition if needed.



Patients on a ventilator have a breathing tube (endotracheal tube) passing through their vocal cords. While this tube is in place, it will not allow the patient to speak. They can still communicate by writing, and sometimes you may be able to read their lips. They cannot eat or drink because they cannot swallow properly. Patients will be fed intravenously and/or with a feeding tube.



The breathing tube will be taken out when patients are ready to breathe on their own. At first, their voice will be hoarse, but this may get better in a day or so.

Coughing is a good normal way to clear mucous. If a patient cannot clear mucous on their own, qualified staff (RN, RRT or PT) will help by suctioning out the mucous.

A lot of the equipment makes noise. Because patients are attached to monitors, moving in bed may trigger alarms or beeps from the machines.

Most alarms do not mean an emergency. If you have concerns, a nurse can answer your questions about what you see and hear.

There are many tests and procedures that your loved one might need while in the ICU.

Tests and Procedures

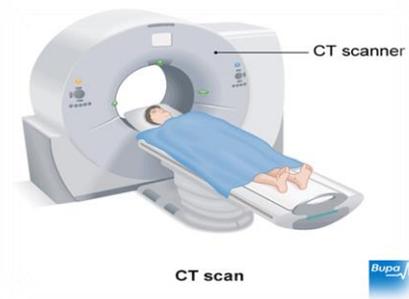
X-rays

An x-ray takes pictures of the inside of a patient's body. A patient can have an x-ray done in their room in the ICU.

CT Scans

A CT Scan is a special type of x-ray that shows more details. A CT Scan is done in the diagnostic imaging department.

A patient may need contrast dye injected into a vein to get the right pictures.



Blood Transfusions and Blood Products

ICU patients sometimes need blood transfusions and blood products. These products are only given if needed. If needed, the ICU team will speak with you about any risks and benefits for your loved one. An exception may be an emergency situation and we are unable to contact you quickly.

The Road to Recovery

The road to recovery is different for each person. ICU patients may have many ups and downs on their journey. Being very sick means that your loved one may face other problems. These problems can range from insignificant to life threatening.

The ICU team is always watching for common problems. Examples are infections, skin breakdown, or blood clots.

We will keep you up to date on your loved one's progress and treatment.

Moving to an Inpatient Ward

Your loved one will move to an inpatient unit when they no longer needs the care of the ICU. The ICU team makes this decision. In most cases, the family is told at the time of transfer.

Sometimes, a bed is not available on the inpatient unit when it is needed. This may delay your loved one's move. Patients are usually moved during the daytime. Sometimes patients may move during the evening or overnight.

On the inpatient ward, your loved one will have a different set of nurses and other care providers to take care of them. The care team will also have doctors who specialize in the care needs of your loved one. The inpatient ward promotes self-care as your loved one gets ready to go home.

All patients that are moved to an inpatient unit from the ICU will see the Critical Care Response Team (CCRT) the next day. The CCRT will assess your loved one to support their plan of care.

The Critical Care Response Team

The **Critical Care Response Team (CCRT)** is available 24 hours/7 days per week.

The CCRT includes a specially trained physician, nurse and respiratory therapist. The CCRT assess, investigates, and treats patients who need further help.

The CCRT will check on patients who have recently left the ICU. Any member of the care team can call the CCRT to see a patient.

Taking Care of Yourself

We will take good care of your loved one while you are taking care of yourself. We will try to get in touch with the POA/SDM if there are any major changes in the health of your loved one.

Having a loved one in the ICU can be stressful for everyone. Normal sleeping and eating routines are often ignored when family members spend many hours at the hospital.

It is very important that you continue to take care of yourself. Time away from the hospital is important for your emotional and physical wellbeing. Eating well, sleeping properly, and getting fresh air are important. Practicing good self-care can help you meet challenges and manage stress.

Please let us know how we can support you during this difficult time.

Feelings of helplessness, anger, fear or depression are normal and common. We can offer support. Please let us know if you would like to talk to an ICU social worker, chaplain, or other team members.

If you are having trouble making health care decisions, our bioethicist can help.

Hospital Services

Asian Gourmet: 4th floor G Wing

- Weekdays: 6:45 am – 8:30 pm
- Saturday: 8 am – 6 pm
- Sunday: 10 am – 6:30 pm

Tim Hortons: 1st floor Coxwell lobby

- Weekdays: 6 am – Midnight
- Saturday & Sunday: 6 am - 10 pm

Athens Pastries: 1st floor main corridor

- Weekdays: 6:45 am – 10:00 pm
- Saturday: 8 am – 6 pm
- Sunday: 10 am – 6:30 pm

Subway Restaurant 1st floor main corridor

- Weekdays: 7 am – Midnight
- Weekends: 9 am – Midnight

Gift shop 1st floor Coxwell Lobby

- Weekdays: 9 am – 8 pm
- Weekends: 12 pm – 5 pm

U-Naru Sushi 1st floor G corridor

- Weekdays: 9 am – 7 pm

Vending machines:

- Emergency Department Waiting Room
- 1st floor Mortimer Lobby
- 2nd floor above Coxwell Lobby
- 4th floor by the cafeteria
- H7 by the elevators

Pharmasave Pharmacy 1st floor main corridor

- Weekdays: 8 am – 7:30 pm
- Saturday: 9 am – 5 pm
- Sundays: 10 am – 5 pm
- Closed on Holidays

Bank machines 1st floor Coxwell & Mortimer lobby

Interfaith chapel 2nd floor G Wing

Meditation room 2nd floor G Wing

The Hospital website is www.tegh.ca

Main information desk: 1st floor Coxwell Lobby

The generosity of our community helps the ICU at MGH excel in patient care, research and education.

Many people give to say thank you for the wonderful treatment they, or their loved ones, have received at our hospital.

Visit the MGH Foundation:

www.mghf.ca

Office location: A wing, 1st floor, Room 128



If you would like to show your appreciation to a staff member, Grateful Giving will honour them with a thank you card and pin.

[For more information](http://www.Gratefulgiving.ca) visit www.Gratefulgiving.ca



A Final Word

We hope this information has been helpful. Please let us know if you have any questions or concerns.

Anything you are wondering about is worth sharing.

If there is any way we can be of further help, please let us know.

The ICU Staff

Dec2019