



Getting Updates and Information

When your loved one is in intensive care

This handout explains some ways that staff in UWMC's Intensive Care Unit will give you information about your loved one's care and condition. It also includes ways you can give us information.

We know that having a loved one in the Intensive Care Unit (ICU) can be very stressful. We also understand that communicating with your loved one's health care team and getting regular updates helps reduce some of that stress.

Here are some ways we will communicate with you:

- Rounds (see page 2)
- Family conferences with the ICU care team (see page 3)
- Bedside nursing report (see page 3)
- Nursing updates (these take place throughout the day)
- Updates from the doctor (these take place throughout the day)

Choose a Family Spokesperson

When your loved one is admitted to the ICU, we will ask you or your loved one to choose 1 or 2 people who will be our primary contact (family spokesperson). The spokesperson is often a family member, but it can also be a trusted friend. The spokesperson:

- Is the first person staff will contact when they need information about your loved one.
- Will receive information from the ICU care team that will need to be shared with family and friends.
- Is expected to share any information about the patient with the rest of the family and trusted friends.

Friends and family who cannot visit may contact the spokesperson for updates. This helps limit the number of calls to the ICU and gives the care team more time to take care of your loved one.

The spokesperson may also be the person who will make decisions for the patient if the patient is not able to speak or convey their wishes. For more information, please ask your nurse or social worker for a copy of the handout "Living Wills and Other Advance Directives."

Rounds

At least once a day, the full team of ICU health care providers will visit each patient in the ICU. This is called “rounds.” Rounds includes each patient’s bedside nurse and takes place in or near the patient’s room.

During rounds:

- The primary ICU care provider tells the rest of the team why the patient is in the ICU. This provider also describes the most important health events regarding your loved one that have occurred in the last day.
- The **bedside nurse** offers a current assessment of the patient. This includes results of any tests that have been done.
- The primary ICU care provider lists the patient’s current medical issues and suggests how to treat them.
- The **attending doctor** or **fellow** confirms or alters the primary ICU care provider’s treatment plans.

Other members of the care team, such as a dietitian, pharmacist, and respiratory therapist, will also share in the discussion and planning.

At the end of rounds, the treatment plan for the day will be written down and reviewed with the entire care team. The patient’s doctors and nurses will refer to this plan throughout the day to make sure that treatments are occurring and care goals are being met.

How You Can Participate

We encourage you to attend rounds. The time that rounds occur will vary each day. Ask your nurse what time to expect rounds to occur on your loved one’s unit.

If you attend rounds, please keep in mind that:

- The health care team will be focused on your loved one’s care plan for the day.
- The discussion will involve medical language that may be difficult to understand.
- Teaching may occur during rounds. Because of this, some of the discussion may not be directly related to your loved one’s care.
- The health care team will try to answer your questions at the end of rounds. But, they may not have time for a full discussion of complex issues during rounds.

If you would like to talk with the care team outside of rounds, please ask your loved one’s nurse to set up a family conference.

Family Conference

A family conference is a meeting where you can talk with the care team about your loved one's treatment plan and goals of care. Each meeting is different, and it may include different care providers.

At least 1 doctor is present at a family conference. Family, friends, and sometimes the patient will also attend. Most of the time, the bedside nurse attends. Other caregivers, including consulting doctors, social workers, spiritual care providers, and palliative care professionals may also be present.

A family conference is a time for you to tell the care team about your loved one: what their personality is like, what they value, and what they believe is most important.

It is also a time for the care team to give you a more complete update on your loved one's ICU care, including what treatments are planned. You may ask any questions you may have.

Most family conferences are a place to exchange information. Sometimes decisions about the goals and course of care will be made at these meetings. These decisions will consider both your loved one's goals and values and the medical facts and options.

Bedside Nursing Report

Nursing report occurs at least twice a day:

- Mornings between 7 and 7:30 a.m.
- Evenings between 7 and 7:30 p.m.

The nurse who is going off shift at these times passes information about a patient and their care needs to the next nurse who takes care of that patient.

Whenever possible, the nursing staff will give report at the bedside and include the patient and family. This report is similar to what you hear and see during rounds. The nurses will talk about your loved one, including what has gone on during the last shift and plans for future care. At the end of report, the nurses will ask if you have any questions or concerns.

Up to 2 people besides the nurses and patient may be at the bedside during nursing report. It is best if one of these people is the patient's primary contact person (spokesperson). Having the spokesperson present helps us keep communication consistent and confidential.

Family does not have to be present during nursing report. The choice is up to each patient and their family.

For patient safety, we ask you **not** to call the nurse or your loved one during nursing report.

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

5-East Intensive Care Unit: 206-598-4545

5-Southeast Intensive Care Unit: 206-598-6500

How can you communicate with us?

- Fill out a “Get to Know Me and My Family” poster for your loved one. This poster helps us better understand your loved one. It tells us who they are, what they like to do, and what matters to them. There is also a place to put pictures of your loved one and family.
- Use the white board in each room. Write down your questions for us so we know what you need. Include a phone number where we can reach the patient’s spokesperson.
- Fill out our ICU patient and family satisfaction survey. This survey is on a computer in each ICU waiting room. Your feedback tells us what we are doing well and what we can do better.

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