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Intensive Care Units Moving to "the Floor"

Questions?

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

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

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

UNIVERSITY OF WASHINGTON MEDICAL CENTER

5-East Intensive Care Unit

206-598-4545 Box 356082 5-Southeast Intensive Care Unit

206-598-6500 Box 356088

1959 N.E. Pacific St. Seattle, WA 98195

UW Medicine

If you have any questions or concerns about your move to the floor, please talk with one of the ICU liaisons or an ICU nurse about this positive transition.

Your Questions

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Patient Education

Intensive Care Units



This handout explains what to expect when you leave the Intensive Care Unit (ICU) and move to "the floor."

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

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

Congratulations! Your condition has improved enough that you are ready to graduate to a Medical Surgical Unit, also simply referred to as "moving to the floor." This means that you are one step closer to going home.

Moving to the floor generally means you will have fewer interruptions, better sleep, and more privacy for you and your family.



Intensive Care Units Moving to "the Floor"

When can I go to the floor?

Patients are usually ready to go to the floor when:

- Their lab results are stable,
- Their medicines are stable,
- Their vital signs are stable,
- They are more mobile (able to move around more), AND
- A bed is available.

What is the difference between being in the ICU and being on the floor?

Since your condition is improved, you will have:

Fewer Monitors

Your condition is still being carefully monitored, but you have reached the point where you do not need as many beeping and flashing monitors in your room. If needed, you may have sensors attached to your body so that nurses in the nursing station can monitor your condition remotely. We hope this will help make your room on the floor quieter and more private.

More Mobility

For many patients, moving to the floor can mean more freedom and mobility. Depending on your condition, being on the floor can include trips to the cafeteria or gift shop and going for walks around the unit or hospital. Make sure to check with your nurse about your personal mobility plan and any special equipment you might need.

Shared Patient Care Responsibilities

On the floor, you will be sharing a nurse with other patients. Also, others members of the Patient Care Team (PCT) will be involved in your care. This means you will receive individual care, which hopefully will lead to greater privacy for you and your family.

Tips for Your Success

- Think about your pain management needs and use your call light early, before your pain is severe.
- Check with your nurse about your daily schedule, including meals, physical therapy sessions, trips outside of your room, and other activities.
- Continue to partner with your health care team to advocate for your needs and to develop your daily goals and discharge plan.