



Visiting the Intensive Care Units

At University of Washington Medical Center

Welcome to the Intensive Care Units (ICUs) at University of Washington Medical Center (UWMC). We are grateful for the privilege of caring for your loved one.

ICUs provide special “intensive” care for people who are very ill, badly injured, or have had a complex procedure or surgery. Staff in the ICUs work with fewer patients than staff in other units since patients in the ICU need close monitoring and more complicated care.

This booklet provides information about our ICUs. We hope it will answer most of your questions about these units. Please talk with a staff member if we can help in any way.



University of Washington Medical Center

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

5-East ICU:
206.598.4545

5-Southeast ICU:
206.598.6500

8-Northeast ICU:
206.598.8902

What can I do for my loved one?

There are many ways that you can support your loved one and be involved in their care while they are in the ICU. We encourage you to be present, ask questions, and share your concerns. Here are some ways to help:

To help make your loved one's ICU room feel less like a hospital room and more home-like, we encourage family members to:

- Ask for the best places to hang photos, cards, and other items.
- Ask for and fill out a “Get to Know Me and My Family” poster.

Get to Know Me and My Family UNIVERSITY OF WASHINGTON MEDICAL CENTER UW Medicine

Name: _____
I'd like you to call me: _____
My work is: _____
Language I like to speak: _____

FAVORITES
Movies: _____
TV show: _____
Food: _____
Music: _____
Book: _____
Sport: _____
Pet: _____
Activities: _____

Place photos here

Some things I am proud of: _____

Things that make me feel stressed: _____

Things that cheer me up: _____

Other things I'd like you to know: (such as names of family and friends) _____

At home I use: Glasses Contacts Dentures Hearing aids Walker/cane Other: _____

The “Get to Know Me and My Family” poster

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. You can share what their personality is like, what they value, and what they believe is most important.

A family conference 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 are 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 when the nurse who is going “off shift” (leaving work for the day) shares information about a patient and their care needs to the nurse who is coming “on shift” (starting work). The nurses will talk about your loved one, including what has gone on during the last shift and plans for future care.

Nursing report occurs at least twice a day:

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

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. After giving report, the nurses will ask if you have any questions or concerns.

Attending Rounds

We encourage you to attend rounds. Rounds happen in the morning, but the specific time varies 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 healthcare team will be focused on your loved one's care plan for the day.
- UWMC is a teaching hospital. Resident doctors who are receiving special training help care for patients. During rounds, your attending doctor may talk with the residents about general topics as well as focus on your loved one's plan of care.
- The healthcare team will use medical terms that may be hard to understand. Please write down anything you do not understand and ask questions at the end of rounds.
- The healthcare team will try to answer your questions at the end of rounds. But, they may not have time to talk with you in depth at that time. If you want to talk with the care team outside of rounds, please ask your loved one's nurse to set up a family conference.

Family Conference

Either you or your doctor can request a family conference. This 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 one doctor is present at a family conference. Family, friends, and sometimes the patient will also attend. Most of the time, the bedside nurse attends.

Here are some other ways you can help:

- Let your loved one know you are there. Even if they are *sedated* (sleepy or unconscious because of medicine they were given), they may still be able to hear you.
- Hold your loved one's hand. A hand squeeze, hug, or kiss may say more than words. Just being there can be a comfort to them.
- Let your loved one know it is OK to sleep and to tell you when they want some privacy. Sometimes patients feel they must visit, even if they just want to rest.
- Talk about things that are important to your loved one, and focus on the positive.
- Help your loved one keep track of time and events. Because of lack of sleep and the noise and lights, it is easy for patients in the ICU to lose track of time.
- Read greeting cards aloud.
- Write questions and events in a journal booklet.
- Write questions on the white board in the patient's room.

Your loved one may not remember much of what happens during this time in the ICU – but they can hear you, and will have questions when they wake up

Visiting Times

We encourage family members and friends to visit their loved one in the ICU. Visiting hours in the ICU are 24 hours a day. If you arrive between 9:30 p.m. and 5:30 a.m., you will need to enter through the main hospital entrance and show identification.

We do our best to allow as much visiting as possible. We understand how important this is during your loved one's stay.

- When you first arrive at the unit, please check in at the front desk for help in finding your loved one.
- Space is limited in patient rooms. Because of this, we usually ask that only 2 or 3 people visit at a time.
- During certain hours, we ask that friends and family help us provide a peaceful environment for rest and healing. These times are:
 - 2 to 4 p.m. (ICU Rest Time)
 - 10 p.m. to 6 a.m. (usual sleeping hours)
- If you are waiting to visit a patient, please wait in the waiting areas **only**. And, please be mindful and respectful of other family members in the waiting areas who may be sharing the same space.
- We may ask you to leave the bedside and wait in the waiting area for short periods when it is time for complex procedures or for patient privacy.

No Scents

When you plan to visit the ICU, please do **not** wear:

- Perfume
- Aftershave

Cell Phones

- Please turn phones and other electronic devices to vibrate, silent, or off.
- Please avoid talking on your cell phone while you are in the ICU hallways.



Many doctors and nurses are involved in daily rounds.

Rounds

At least once a day, the full team of ICU healthcare providers will visit each patient in the ICU. This is called “rounds.” Each patient’s bedside nurse takes part in rounds. These visits take place in or near the patient’s room.

During rounds:

- The primary ICU care provider tells the team why the patient is in the ICU. This provider also describes the most important health events involving your loved one that occurred in the last 24 hours.
- The bedside nurse describes the patient’s current health status and explains the 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 doctor who is overseeing the patient’s care either agrees with or changes the primary ICU care provider’s treatment plans.

Other members of the care team **may** also be present at rounds. These care providers may include a dietitian, pharmacist, respiratory therapist, and others. They will share information and be involved in planning your loved one’s care as needed.

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

No Live Plants or Flowers

- Please do **not** bring live plants and flowers to the ICU. They are not allowed on the unit because they increase the risk of infection.
- We strongly encourage friends and loved ones to send cards and photos that can be displayed in your loved one’s room.

Children as Visitors

Young visitors are welcome in the ICU, but they **must** be supervised by an adult at all times.

Before children visit the ICU, it is best to prepare them for what they may see and hear. Parents know their children best, and they know if seeing a loved one in the ICU is something that a child can handle.

- Do **not** bring children to the medical center or clinics if they:
 - Have symptoms of a fever, flu, or cold
 - Have a rash
 - Are vomiting or have diarrhea
 - Were recently exposed to a *contagious* illness (an illness that can spread to others), such as chickenpox or measles
- Talk with the nurse before entering the patient’s room. Find out if:
 - The patient has a contagious illness that could harm a child
 - Any extra precautions are needed, such as wearing a mask or other protective clothing
- All children should clean their hands with soap and water or hand gel when they enter and again when they leave the patient’s room.

- Do not let children near any equipment or supplies in the patient's room. They could injure themselves or damage or contaminate the equipment and supplies.
- Do not let children play on the floor or in the patient's bed.

Staying Overnight

We will do our best to let you stay the night in your loved one's hospital room. But, sleeping options in the ICU and Family Room are very limited. This means there will be some times when space will not be available. We apologize if we are not able to fulfill your request to stay overnight in the hospital.

Getting Updates and Information

We know that having a loved one in the ICU can be very stressful. We also understand that talking with your loved one's healthcare team and getting regular updates helps reduce some of that stress.

Here are some ways we will share information with you:

- Rounds
- Family Conferences with the ICU care team
- Bedside nursing report
- Updates from nurses and doctors during the day

Here are some ways you can share information 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.

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 hospital 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 information about the patient with the rest of the family and trusted friends, as agreed on by the patient.

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 focus on caring for 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."