About the Critical Care Center

The 5-Southeast and 5-East units

The ICU can be a scary place for patient family members. Understanding equipment and monitors really helps take the edge off. I found my husband’s nurses to be a great resource for all my questions.

~ Ann, family member

5-Southeast and 5-East

There are 2 units in the Critical Care Center. Both units are on the 5th floor.

- 5-Southeast is called the Cardiothoracic ICU. Most patients on 5-Southeast are in the hospital for a heart and/or lung problem.

- 5-East is called the Medical/Surgical/Transplant ICU. Patients on this unit may have many different medical and/or surgical issues.

Sometimes, patients are placed on a unit whose name does not match the reason they are in the hospital. A patient may be placed on the unit where a bed is open. Patients who need certain devices or equipment available on only one of the units will be placed on that unit. Staff on both units are highly trained to take care of any critical care patient.
When You Arrive for a Visit

There is a phone in the waiting room, near the double doors, that rings to the front desk. Use this phone to call and make sure your loved one is ready for visitors.

You may be asked to wait if the patient has just arrived and is getting settled into the unit, or if they are having a treatment or procedure.

If you are asked to wait, we will do our best to update you and get you in to visit as soon as possible.

Patient Services Specialist

A Patient Services Specialist (PSS) works at the front desk and answers the phone for the unit. This person can help direct you to your loved one’s room, answer your general questions, and validate parking, if needed.

Waiting Rooms

Our waiting rooms are small. Please share the space and be respectful of the needs and situations of other families. Do your part to keep the area clean and tidy by disposing of your trash and returning borrowed items such as pillows and bedding. Everyone deserves space and time in the waiting room.

Patient Rooms

This photo shows a typical patient room on the critical care units. Some of the equipment you may see is also shown.

Besides medical equipment, there is also a call button in this room. If you need help of any kind, press this button and a staff member will come to your room.
Medical Equipment

The ICU is full of equipment that helps the ICU care team closely monitor and treat the patient. The photo of a patient’s room, below, labels many of the pieces of equipment that you will see.

Equipment that is used in the ICU is explained on the next few pages.
Monitors
You will see monitors in the patient’s room, in nursing substations, and at the front desk. The monitors have alarms connected to them. Not all alarms you may hear are cause for concern. Some are caused just by patient movement.

Every machine has a different alarm. The staff knows the sound of each alarm and will react based on what they hear. Only staff should reset the alarms. If you have a question about an alarm, please ask a nurse for help.

Some of the vital signs that are monitored are:

- **EKG or ECG (electrocardiogram)**
  Most times, the EKG or ECG reading is the top line on the monitor in the patient’s room. This line shows the patient’s heart rhythm and heart rate. Sensors are attached to the patient’s chest with wires and 5 round stickers. The alarm for the electrocardiogram machine is very sensitive and will respond to any wire movement.

- **Blood Pressure**
  The patient’s blood pressure is usually monitored with a blood pressure cuff. It may also be monitored by a catheter that is placed in an artery (blood vessel).

- **Pulse Ox (pulse oximeter or oxygen saturation monitor)**
  The oxygen content of a patient’s blood is monitored through a clip. The clip is usually placed on a finger, and it has a red light.

- **CVP (central venous pressure) and PA (pulmonary artery pressure)**
  Blood pressure in the main veins and arteries may be monitored by larger catheters that are placed in the heart. These catheters give information about the strength of the heart and the amount of fluid a patient may need.

Ventilator
This machine delivers oxygen directly into the lungs, either through an endotracheal (ET) tube that is placed in the patient’s mouth or nose, or through a tracheostomy tube in the neck. The machine settings can be changed, as the patient needs. The amount of breaths, oxygen, and pressure can all be adjusted.

Placing the tube is called intubation. Removing the tube is called extubation. The patient will not be able to speak while the tube is in place because it passes through the vocal cords.
Oxygen Therapy
Many medical devices can deliver oxygen, including masks, nasal cannulas, and BiPAP (see Section 9, “Glossary”).

Medication Pumps
Most times, patients in the ICU will have medicine(s) and fluids running through pumps into IVs (intravenous lines).

IV (Intravenous) Lines
Intravenous lines are tubes that deliver fluid and medicines to a patient. They may be placed in the arms or hands.

There are also IVs called central lines. These are placed in larger, deeper veins. They allow the patient to receive large amounts of fluid and special medicines. They are usually placed in the neck or groin.

Foley Catheter
This is a plastic tube that is put into the patient’s bladder to drain and measure urine. It is connected to a bag that hangs next to the bed.

Nasogastric Tube (NG)
This tube is placed through the patient’s nose (or mouth) and down into the stomach. It is used to drain air and stomach contents. It can be used to give medicines when patients are not able to swallow.

Feeding Tube
These are inserted through the nose and go into the stomach or intestine to feed the patient. They cannot be used for drainage. These tubes are smaller than NG tubes and more comfortable to use for longer periods. They can be connected to a pump for tube feedings.

Drains
These may be used after surgery to empty fluid from an area. They may look like little balls. It is normal for the fluid to appear red. Other drains, which look like bags, may be used in an area that is infected.

Chest Tubes
These help drain fluid or air from around the lung to allow the lung to fully expand. They are connected to a special container that prevents any air from getting back into the space around the lungs.

Hemodialysis
When the kidneys are not working as well as they need to, hemodialysis can do the work of the kidneys by cleaning the blood and removing water from the body. This procedure is done in the ICU patient room after a special large IV has been placed.
Soft Restraints

Often soft restraints are used to help keep the many lines and tubes from being removed by accident. They are reminders to a patient who is medicated, and not fully awake, not to remove any tube. They are used for the safety of the patient.

Be sure to talk with a nurse before you touch or undo a restraint. Also, be sure to tell the nurse if you have to leave the room, in case the patient’s restraints were removed for your visit.

Medical Tests

In addition to all the machines and monitoring in the ICU, patients may be scheduled for tests and procedures that are done in other areas of the hospital. These may include:

- CT (Computed Tomography)
- MRI (Magnetic Resonance Imaging)
- IR (Interventional Radiology)
- Nuclear Medicine
- Cath Lab (Cardiac Catheterization Lab)

Once the doctor orders a test, we try to schedule it for a specific time. But, we have little control over when tests occur. We may have to wait for an opening, or a scheduled test may be delayed due to other patients’ tests taking longer than expected. We know this is not ideal, but it is a reality.

Depending on the test, a patient may not be allowed to eat or drink until the test or procedure is done. While your loved one is in the ICU, a nurse will go with them to any tests and procedures.

Talk with your nurse if you have concerns or questions about the safety equipment.