An Initiative of the
Adler/Sheiner Patient and Family Support Program

Joelle Berdugo Adler and her family, after a difficult experience in the ICU with their beloved and belated husband and father Lou Adler, initiated the Adler/Sheiner Program to assist patients and families in the ICU. The generous and thoughtful support of the Adler family has resulted in many innovations to help patients and families through this difficult time, among which is this informative booklet.

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Your loved one has been admitted to the Intensive Care Unit (ICU).

The ICU is a special unit for people who are very sick or who have just had major surgery. Patients in the ICU receive constant monitoring and care from a team of experts.

Admission to the ICU is tough on patients, but it is also tough on their family and friends!

This booklet was made to give you some important information about the ICU. We hope it helps you during this stressful time.

Our goal is to provide excellent care to our patients and to their families and friends.

Please share your worries, fears, and feelings with us so that we can best meet your needs.

Sincerely,

The Jewish General Hospital’s Intensive Care Unit Team
WHAT TO EXPECT FROM THE ICU

What the Intensive Care Units look like

There are two Intensive Care Units at the Jewish General Hospital: ICU 1 and ICU 2.

- They are located on the 3rd floor in Pavilion D, down the hall from each other.
- Both units are large open spaces.
- Most of the patient beds are in this open space.
- Each unit has its own nursing station at its center.
- There are only a few private beds in each ICU. These beds are usually used for patients who have to be isolated or separated from others for medical reasons.

When you first visit the ICU, it can be a bit scary.

You will notice:

- A high level of noise and activity,
- Lots of open storage, equipment and machines,
- Other ICU patients and their visitors,
- Many members of the ICU team.

LEAVING THE ICU

You may feel just as worried about your family member leaving the ICU as you did when they were admitted! Patients and families often feel very secure with the close monitoring and nursing care provided in the ICU. You may be nervous about the type of care that will be available on other units.

The decision to transfer patients out of the ICU is always made with the patient’s needs in mind. The care on the new unit will be different. The new unit was carefully chosen because it is the best place to meet your family member’s needs at this time.

You and your loved one have been through a lot. The road ahead may still be long. It will still be very important to support your family member and to take care of yourself. Keep sharing your worries with the team looking after your family member. They will support you through the next steps of this difficult time.
Pastoral services

Location: Pavilion B, Room 648
Phone: (514) 340-8222 Local 5677

Religious or spiritual faith can be an important source of comfort for many people. You may invite your own clergyman to visit with you or your family member at the hospital or you may contact one of our hospital chaplains. They can visit with you, listen to you, and pray with you. They can also help you with difficult decisions, and provide religious rites. The Chapel is open 24 hours a day for prayer and meditation in Pavilion B, Room 643.

Rabbi Raphael Afilalo
Director of Pastoral Services

Who works with the Intensive Care team

Your family member will be cared for by a team of many experts. They all work closely together. You may have trouble keeping track of everyone! Do not be afraid to ask who someone is and what they do. They are here to work with you and your family member to provide the best possible care.

Intensivists (or “ICU Doctors”)

- These are doctors with special training and experience in critical care medicine. (Critical care medicine is the care of people with potentially life-threatening conditions.)
- They watch over the care of all ICU patients.
- They evaluate the patient’s condition, diagnose (find the cause of) a patient’s illness and plan treatment.
- In this ICU, there are 8 intensivists who rotate on a weekly basis.
- Your family member may not have the same doctor for their entire stay.
- There is an intensivist available 24 hours a day.

For more information about the Jewish General Hospital’s services, programs and policies (including preventing and controlling infection, parking and meals), please consult our Patient Services Directory.
ICU Fellows

- These are doctors who are doing extra training in critical care medicine after having been residents.
- They are working to become intensivists.
- They work with intensivists to watch over the care of ICU patients.
- In this ICU, fellows join the team for different periods of time.

Residents

- All doctors must do a period of advanced training in different areas of medicine. The residents in the ICU are studying critical care.
- Under the supervision of an intensivist and/or fellow, they evaluate, diagnose and plan treatment for patients.
- In this ICU, a new group of residents joins the team every 4 weeks.

If your family member’s condition is stable, we encourage you to take care of yourself by going home to eat and sleep every day. Spending the night at home also lets the patient get the sleep they need to help with their recovery.

If your family member’s condition is unstable, you may wish to stay at the hospital. In this case, you are welcome to spend the night in the family rooms.

The nurse will let you know if you should stay overnight. If you decide to go home, the nurse will call you immediately if there are important changes in the patient’s condition.

Please pay attention to the family room guidelines posted in each room. These are in place to make sure that the rooms are welcoming and available to everyone.

Local Service Quality & Complaints Commissioner

Phone: (514) 340-8222 Local 5833

An ombudsman, or patient representative, is available to you. Contact them if you have issues you would rather not discuss with the staff caring for your family member. They can help to work through situations between patients and health care providers. They can also be a resource person for your questions.
TAKING CARE OF YOURSELF

We know that your biggest worry right now is the recovery of your loved one. Do not forget that your health and well-being are important too! Getting the proper food, rest and support will help you get through this stressful time.

*Please tell us how you are doing. We are here to help and we can connect you with any extra support you may need.*

Here are some of the resources available to you:

Family rooms

Three family rooms are available to friends and family on the third floor near the ICU. For your convenience;

- There are telephones in each room,
- There are computers with internet access in two of the rooms,
- There is a collection of books and pamphlets that may be helpful for friends and family of our ICU patients. For more information, please go to the Patient and Family Resource Centre’s website (www.jgh.ca/pfrc).

This is a great place to take a break from the bedside. You can also get to know other people who are going through similar situations. Other families can be a great source of support!

ICU Nurses

- These are licensed nurses with special training and experience in critical care.
- They identify patient and family needs, plan and carry out nursing care and medical prescriptions and evaluate care.
- In this ICU, we have a team of about 80 nurses.
- Each nurse cares for 1 or 2 patients per shift, depending on the patient’s needs.
- Your family member will have many different nurses during their stay in the ICU.

- We also have other types of nurses in the ICU:
  - Head Nurse
  - Assistant Head Nurse
  - Charge Nurse
  - Clinical Nurse Specialist
  - Nursing Education Consultant
Respiratory Therapists (RT)

- They have special training and experience in caring for patients who have trouble breathing.
- They assess and treat problems with the respiratory (breathing) system.
- They give treatments to improve breathing and control the ventilators (breathing machines).
- In this ICU, RTs are available 24 hours a day.

Pharmacists

- They have specialized training and experience with medications, their use, doses, effects and the possible interactions between them.
- They review the medications given to each patient in the ICU on a daily basis and will suggest changes if necessary.
- They will contact the patient’s community pharmacy to determine which medications should be continued during the ICU stay.
- When the patient is transferred to another unit, they follow up medication related issues with other pharmacists.
- They are available to answer your questions about medications.
- In this ICU, a pharmacist reviews each patient daily.

Patient and Family Resource Center (PFRC)

Location: Pavilion A, Room 200
Phone: (514) 340-8222, Local 2391
Website: www.jgh.ca/pfrc

The Patient and Family Resource Centre (PFRC) is in the hospital library.
- It is a nice, quiet place to sit, even if you do not feel like reading.
- Medical librarians can help you find the health information you need.
- You can borrow books from the PFRC collection and you can read books and journals from the regular collection.
- There is a computer for you to use.
- The Centre has a website with links to medical websites.
- There is a photocopier for you to use.

Your patience is sometimes necessary and always appreciated

The ICU team’s first priority is caring for your loved one. Your patience and understanding during busy times helps the ICU team give their full attention to patient care. The team may not always be able to respond to your questions or concerns as quickly as you would like. As soon as the situation allows, they will make every effort to respond to your needs.
Adler/Sheiner Patient and Family Support Program

**Location:** Pavilion D, Room 3322 (near ICU 2)  
**Phone:** (514) 340-8222, Local 1924  
**Pager:** (514) 413-1062

Many people feel overwhelmed when someone close to them is sick enough to need care in the ICU. This program was created to help friends and family through this difficult time.

A Clinical Nurse Specialist, who works closely with the ICU team, is available specifically to:

- Offer you emotional support and guidance,
- Help you obtain and understand information about the ICU, the patient’s condition, treatment and chances of recovery,
- Link you to the ICU team and other helpful resources.

*Take advantage of this support!*  
*Drop by, call or page when you are in need.*

Check the family rooms for other information resources that are available to you.

**Nutritionists**

- They have specialized training and experience with nutrition.
- They evaluate patients to make sure they are getting the nourishment they need.
- They will plan nutrition therapy that meets the needs of patients who cannot eat by mouth.
- They adjust feeding as the patient’s condition changes.
- They help patients go back to eating by mouth safely.
- In this ICU, a nutritionist monitors patients’ nutrition every day.

**Physiotherapists (PT)**

- They have specialized training and experience in assessing and treating patients with physical problems caused by illness, injury, aging and inactivity.
- They help patients improve their breathing and recover their strength and physical activity level after illness or surgery.
- In this ICU, a physiotherapist works as part of the multidisciplinary team with all patients who need this kind of help.
Occupational Therapists (OT)

- They have special training and experience in helping patients reach their maximum level of function and independence in their daily life.
- They help ICU patients who have become weak to start looking after themselves.
- They give patients activities to help their coordination, range of motion and strength.
- In our ICU, an OT works with all patients who need this kind of help.

Social Workers

- They have special training and experience in helping people resolve problems that affect their day to day lives.
- They help patients and families who are dealing with serious illness and disability.
- They help in cases of stress, isolation, lack of resources, youth protection and family violence.
- They are experts in mandates and curatorships.
- They help plan for the patient to safely leave the ICU or the hospital.
- In our ICU, a social worker gives support and practical help to all patients and families who need this kind of help.

Get updates by telephone

ICU nurses welcome phone calls 24 hours a day. You can speak directly to your loved one’s nurse. If the nurse is busy when you call, they will call you back as soon as possible.

The contact person can get updates on the patient’s condition by calling:

| ICU 1: (514) 340-8222, Local 5151 |
| ICU 2: (514) 340-8222, Local 4141 |

Please do not call during change of shift (see Visiting Restrictions on page 16). The nurse will not be able to take your call at these times.

Meet with the doctor

The ICU doctors will speak with you informally as often as they can. This will likely give you all the information you need. If you want more information about your family member, we can plan a more formal family meeting. Tell your nurse what type of information you want so the meeting can be as helpful as possible. These meetings are a good way for the whole family to get information at the same time. You can also ask any questions you may have.
GETTING THE INFORMATION YOU NEED

Information is likely to be one of your biggest needs at this time. The ICU team will do its best to provide the information you need to understand what is happening with your loved one. Here are a few suggestions about getting information:

Identify a contact person

When many people ask for information, it can take the team away from caring for the patient. It is best to choose one contact person (a family member or friend) who will ask for updates from the team, by telephone and in person. This person can then update other family members and friends.

Speak to your nurse

Nurses are always present at the bedside. They are in an excellent position to answer your questions! They can give you details about your loved one’s condition and update you on the plan for each day. Nurses are also there to listen to your concerns and to reassure you. If they do not have the information you need, they will help connect you with someone who does.

Orderlies and Beneficiary Attendants

• Orderlies (men) and beneficiary attendants (women) help to care for and meet the needs of ICU patients and their families.
• They assist nurses to bathe, turn and lift patients.
• They help bring patients when they go for tests.
• They clean and restock the bedside areas.

Unit Agents

• They greet and give information to staff and visitors at the nursing station.
• They answer the phones at the nursing station.
• They organize the papers in patient charts.
In addition to all those listed above, there are many other people who you may meet in the ICU:

- Surgeons, and other specialists,
- Housekeepers,
- Volunteers,
- Students. The Jewish General Hospital is a teaching hospital. Students from all of the above disciplines train under the supervision of ICU team throughout the year.

Some typical ICU routines

Nursing shift change

Nurses work either 8 or 12 hour shifts.

Shift change occurs at 7:30 a.m., 3:30 p.m., 7:30 p.m. and 11:30 p.m.

At each change of shift, the nurse who is finishing gives a detailed report to the nurse who is starting.

This time for report is very important. Details about the care of your family member are shared from one shift to the next. The nurse will also do a full assessment of the patient. This allows her to report any changes in the patient’s condition with the team at medical rounds.

No visitors are allowed during this busy time. This allows nurses to protect patient privacy and pay careful attention to their patient.

What you can do at the bedside

It is normal to feel nervous at the bedside with all of the strange equipment, tubes and wires. Patients in the ICU may not interact very much with their visitors. This is because of the calming medications they have received and the effects of the illness itself.

Your family member is still the same person that is so important to you. Your nurse can explain the equipment around the patient and show you what to do at the bedside.

You should feel free to:

- Touch your family member,
- Speak calmly to them,
- Read to them,
- Remind them of the day, date and time and where they are,
- Update them with news about the ‘outside world’,
- Reassure them about possible worries (bills, work, children, etc.),
- Share the good wishes of others,
- Bring pictures or small familiar things from home,
- Just be there.

With time, you may become more comfortable in the ICU. You may want to help out with the care of your family member. You can ask your nurse what you can do for the patient (like washing their face, brushing their teeth etc).
How your family member may act

Your family member may act very different while in the ICU. This may surprise or embarrass you. It may even frighten you.

Many things may cause the patient to feel confused:
- Surgery or illness itself,
- Medications,
- Strange environment of the ICU.

Your family member might:
- Have trouble remembering what day it is, where they are and what is happening,
- Not always make sense when they communicate with others,
- Be restless and nervous,
- Become agitated or aggressive. Without meaning to, they may even hurt themselves or others.

Confusion, agitation and aggression are very difficult to deal with. It is very common for ICU patients to behave this way. Your family member may receive medication to calm them down or to make them sleep. They may even need to be restrained for a time to protect themselves and others.

These changes tend to go away as the patient gets better.

Medical rounds

Twice a day the ICU team makes ‘rounds’ at the bedside of all patients.

During rounds, the team gathers around each patient’s bed. They review any changes in the patient’s health and plan care for the day. The intensivist will also do some teaching with the residents during rounds.

The large group of people and the complex discussion can be a bit scary. A better time for you to ask questions and get information can be arranged later in the day.

You may be asked to leave the bedside during rounds. This may be to protect the privacy of your family member or of another patient.
VISITING THE ICU

We encourage you to visit your family member!

Our visiting policy is based on the needs of our patients and their families. We realize how important being close to your loved one is to you. We have also seen how important this can be to the patient.

Who can visit the ICU?

A maximum of 2 visitors at a time can be at the bedside.

There are no restrictions on who can visit an ICU patient.

But if any visitors present a problem to the patient or staff, they will be asked to leave.

You may choose to limit visitors. In this case, you must be responsible for screening and limiting the visitors yourself. The ICU team cannot accept this responsibility.

The intravenous (IV) pumps

- These are small pumps that control the amount of fluid and medication a patient receives and how fast it is given.
- The pumps are on poles, with fluids and medications hanging in plastic bags above them.
- The fluid and medication is given to the patient through plastic tubing and needles. The tubing passes through the pump.
- An ICU patient often has many of these pumps

The ventilator (or “breathing machine”)

- This machine can either help the patient breathe or can breathe for them.
- Oxygen goes from the machine to the patient’s lungs, usually through a tube in the mouth.
- This tube can be uncomfortable so the patient will sometimes receive medication to help them relax.
- While on the ventilator, patients will not be able to speak. You can try to read their lips or find other ways to communicate with them.
Equipment

The ICU uses a lot of equipment to monitor and treat patients in the ICU. Most of the equipment is connected to the patient by tubes or wires. Almost all of the equipment connected to your family member has an alarm. Ringing alarms can be one of the scariest parts of the ICU.

*An alarm does not always mean there is an emergency!*

- Nurses cannot stay at the bedside all of the time. Alarms let the team know when a patient needs closer attention.
- A computer at the nursing station also shows each patient’s information. It lets the team know if there is a problem, even if they are not at the patient’s bedside.
- When a nurse is away from the bedside, another nurse is always responsible for checking up on any alarms that ring.
- Please try not to worry about the alarms and let us take care of them.

Some equipment you are likely to see includes:

**The cardiac (heart) monitor**
- This machine is at the head of the bed and looks like a TV.
- It is connected to the patient using wires and stickers.
- The numbers and waves on the screen give the team constant information about many things such as heart rate, blood pressure and breathing.

Visits from children are welcomed.

These visits may be important for the patient and the child. The final decision about whether a child should visit must be made by the child and their parents. The members of the ICU team can help you make this decision.

Let us know if a child is coming for a visit. We will do our best to help prepare and support them.

**When can you visit the ICU?**

**Visits are welcome nearly anytime.**

A few visitor restrictions are needed to allow for confidential report during change of shift and assessment of your family member.

### No visitors are allowed at the following times:

- 7:30 a.m. - 8:15 a.m.
- 3:30 p.m. - 4:15 p.m.
- 7:30 p.m. - 8:15 p.m.
- 11:30 p.m. - 12:15 a.m.

The ICU team may restrict visiting at other times if this is best for the patient. Do not be afraid that something has gone wrong with your loved one. Someone will call or come out to let you know if something has changed with the patient.
Before entering the ICU

- There is a **red** phone outside of ICU 1 and a **beige** phone outside ICU 2.

- It is important to call from the phone **each and every time** you would like to come into the ICU.

- Each telephone has a direct line to the nursing station. The unit agent at the station will answer the phone. They will check with the nurse and let you know if it is a good time to visit.

- If it is your first visit, go to the desk and the unit agent will direct you to your family member.

What a patient in the ICU may look like

You may be nervous to visit your loved one in the ICU. It’s not easy to see your family member after they have had major surgery or when they are very sick. The new sights and sounds of the ICU can also be a little scary.

This section will give you an idea of what to expect in the ICU. This information may help you feel more comfortable in the ICU.

**Appearance**

You may be surprised by your family member’s appearance. They may look very different than when they were healthier. Here are some of the changes you may see:

- ICU patients are often very swollen. Their arms, legs and faces may be swollen.
- They may have bruises or little cuts on their skin. This is where bandages were removed or blood tests were taken.
- They usually have one or more intravenous lines (IVs) in their arms, legs or neck. These are used to give patients fluids and medications.
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When many people ask for information, it can take the team away from caring for the patient. It is best to choose one contact person (a family member or friend) who will ask for updates from the team, by telephone and in person. This person can then update other family members and friends.

Speak to your nurse

Nurses are always present at the bedside. They are in an excellent position to answer your questions! They can give you details about your loved one’s condition and update you on the plan for each day. Nurses are also there to listen to your concerns and to reassure you. If they do not have the information you need, they will help connect you with someone who does.

Orderlies and Beneficiary Attendants

- Orderlies (men) and beneficiary attendants (women) help to care for and meet the needs of ICU patients and their families.
- They assist nurses to bathe, turn and lift patients.
- They help bring patients when they go for tests.
- They clean and restock the bedside areas.

Unit Agents

- They greet and give information to staff and visitors at the nursing station.
- They answer the phones at the nursing station.
- They organize the papers in patient charts.
Occupational Therapists (OT)

- They have special training and experience in helping patients reach their maximum level of function and independence in their daily life.
- They help ICU patients who have become weak to start looking after themselves.
- They give patients activities to help their coordination, range of motion and strength.
- In our ICU, an OT works with all patients who need this kind of help.

Social Workers

- They have special training and experience in helping people resolve problems that affect their day to day lives.
- They help patients and families who are dealing with serious illness and disability.
- They help in cases of stress, isolation, lack of resources, youth protection and family violence.
- They are experts in mandates and curatorships.
- They help plan for the patient to safely leave the ICU or the hospital.
- In our ICU, a social worker gives support and practical help to all patients and families who need this kind of help.

Get updates by telephone

ICU nurses welcome phone calls 24 hours a day. You can speak directly to your loved one’s nurse. If the nurse is busy when you call, they will call you back as soon as possible.

The contact person can get updates on the patient’s condition by calling:

**ICU 1:** (514) 340-8222, Local 5151  
**ICU 2:** (514) 340-8222, Local 4141

Please do not call during change of shift (see Visiting Restrictions on page 16). The nurse will not be able to take your call at these times.

Meet with the doctor

The ICU doctors will speak with you informally as often as they can. This will likely give you all the information you need. If you want more information about your family member, we can plan a more formal family meeting. Tell your nurse what type of information you want so the meeting can be as helpful as possible. These meetings are a good way for the whole family to get information at the same time. You can also ask any questions you may have.
Adler/Sheiner Patient and Family Support Program

**Location:** Pavilion D, Room 3322 (near ICU 2)  
**Phone:** (514) 340-8222, Local 1924  
**Pager:** (514) 413-1062

Many people feel overwhelmed when someone close to them is sick enough to need care in the ICU. This program was created to help friends and family through this difficult time.

A Clinical Nurse Specialist, who works closely with the ICU team, is available specifically to:
- Offer you emotional support and guidance,
- Help you obtain and understand information about the ICU, the patient’s condition, treatment and chances of recovery,
- Link you to the ICU team and other helpful resources.

**Take advantage of this support!**  
**Drop by, call or page when you are in need.**

Check the family rooms for other information resources that are available to you.

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**Nutritionists**

- They have specialized training and experience with nutrition.
- They evaluate patients to make sure they are getting the nourishment they need.
- They will plan nutrition therapy that meets the needs of patients who cannot eat by mouth.
- They adjust feeding as the patient’s condition changes.
- They help patients go back to eating by mouth safely.
- In this ICU, a nutritionist monitors patients’ nutrition every day.

**Physiotherapists (PT)**

- They have specialized training and experience in assessing and treating patients with physical problems caused by illness, injury, aging and inactivity.
- They help patients improve their breathing and recover their strength and physical activity level after illness or surgery.
- In this ICU, a physiotherapist works as part of the multidisciplinary team with all patients who need this kind of help.
Respiratory Therapists (RT)

- They have special training and experience in caring for patients who have trouble breathing.
- They assess and treat problems with the respiratory (breathing) system.
- They give treatments to improve breathing and control the ventilators (breathing machines).
- In this ICU, RTs are available 24 hours a day.

Pharmacists

- They have specialized training and experience with medications, their use, doses, effects and the possible interactions between them.
- They review the medications given to each patient in the ICU on a daily basis and will suggest changes if necessary.
- They will contact the patient’s community pharmacy to determine which medications should be continued during the ICU stay.
- When the patient is transferred to another unit, they follow up medication related issues with other pharmacists.
- They are available to answer your questions about medications.
- In this ICU, a pharmacist reviews each patient daily.

Patient and Family Resource Center (PFRC)

Location: Pavilion A, Room 200
Phone: (514) 340-8222, Local 2391
Website: www.jgh.ca/pfrc

The Patient and Family Resource Centre (PFRC) is in the hospital library.

- It is a nice, quiet place to sit, even if you do not feel like reading.
- Medical librarians can help you find the health information you need.
- You can borrow books from the PFRC collection and you can read books and journals from the regular collection.
- There is a computer for you to use.
- The Centre has a website with links to medical websites.
- There is a photocopier for you to use.

Your patience is sometimes necessary and always appreciated

The ICU team’s first priority is caring for your loved one. Your patience and understanding during busy times helps the ICU team give their full attention to patient care. The team may not always be able to respond to your questions or concerns as quickly as you would like. As soon as the situation allows, they will make every effort to respond to your needs.
TAKING CARE OF YOURSELF

We know that your biggest worry right now is the recovery of your loved one. Do not forget that your health and well-being are important too! Getting the proper food, rest and support will help you get through this stressful time.

Please tell us how you are doing. We are here to help and we can connect you with any extra support you may need.

Here are some of the resources available to you:

Family rooms

Three family rooms are available to friends and family on the third floor near the ICU. For your convenience;

- There are telephones in each room,
- There are computers with internet access in two of the rooms,
- There is a collection of books and pamphlets that may be helpful for friends and family of our ICU patients. For more information, please go to the Patient and Family Resource Centre’s website (www.jgh.ca/pfrc).

This is a great place to take a break from the bedside. You can also get to know other people who are going through similar situations. Other families can be a great source of support!

ICU Nurses

- These are licensed nurses with special training and experience in critical care.
- They identify patient and family needs, plan and carry out nursing care and medical prescriptions and evaluate care.
- In this ICU, we have a team of about 80 nurses.
- Each nurse cares for 1 or 2 patients per shift, depending on the patient’s needs.
- Your family member will have many different nurses during their stay in the ICU.

- We also have other types of nurses in the ICU:
  - Head Nurse
  - Assistant Head Nurse
  - Charge Nurse
  - Clinical Nurse Specialist
  - Nursing Education Consultant
ICU Fellows

• These are doctors who are doing extra training in critical care medicine after having been residents.
• They are working to become intensivists.
• They work with intensivists to watch over the care of ICU patients.
• In this ICU, fellows join the team for different periods of time.

Residents

• All doctors must do a period of advanced training in different areas of medicine. The residents in the ICU are studying critical care.
• Under the supervision of an intensivist and/or fellow, they evaluate, diagnose and plan treatment for patients.
• In this ICU, a new group of residents joins the team every 4 weeks.

If your family member’s condition is stable, we encourage you to take care of yourself by going home to eat and sleep every day. Spending the night at home also lets the patient get the sleep they need to help with their recovery.

If your family member’s condition is unstable, you may wish to stay at the hospital. In this case, you are welcome to spend the night in the family rooms.

The nurse will let you know if you should stay overnight. If you decide to go home, the nurse will call you immediately if there are important changes in the patient’s condition.

Please pay attention to the family room guidelines posted in each room. These are in place to make sure that the rooms are welcoming and available to everyone.

Local Service Quality & Complaints Commissioner

Phone: (514) 340-8222 Local 5833

An ombudsman, or patient representative, is available to you. Contact them if you have issues you would rather not discuss with the staff caring for your family member. They can help to work through situations between patients and health care providers. They can also be a resource person for your questions.
Pastoral services

Location: Pavilion B, Room 648
Phone: (514) 340-8222 Local 5677

Religious or spiritual faith can be an important source of comfort for many people. You may invite your own clergyman to visit with you or your family member at the hospital or you may contact one of our hospital chaplains. They can visit with you, listen to you, and pray with you. They can also help you with difficult decisions, and provide religious rites. The Chapel is open 24 hours a day for prayer and meditation in Pavilion B, Room 643.

Rabbi Raphael Afilalo
Director of Pastoral Services

Who works with the Intensive Care team

Your family member will be cared for by a team of many experts. They all work closely together. You may have trouble keeping track of everyone! Do not be afraid to ask who someone is and what they do. They are here to work with you and your family member to provide the best possible care.

Intensivists (or “ICU Doctors”)

- These are doctors with special training and experience in critical care medicine. (Critical care medicine is the care of people with potentially life-threatening conditions.)
- They watch over the care of all ICU patients.
- They evaluate the patient’s condition, diagnose (find the cause of) a patient’s illness and plan treatment.
- In this ICU, there are 8 intensivists who rotate on a weekly basis.
- Your family member may not have the same doctor for their entire stay.
- There is an intensivist available 24 hours a day.

For more information about the Jewish General Hospital’s services, programs and policies (including preventing and controlling infection, parking and meals), please consult our Patient Services Directory.
WHAT TO EXPECT FROM THE ICU

What the Intensive Care Units look like

There are two Intensive Care Units at the Jewish General Hospital: ICU 1 and ICU 2.

- They are located on the 3rd floor in Pavilion D, down the hall from each other.

- Both units are large open spaces.

- Most of the patient beds are in this open space.

- Each unit has its own nursing station at its center.

- There are only a few private beds in each ICU. These beds are usually used for patients who have to be isolated or separated from others for medical reasons.

When you first visit the ICU, it can be a bit scary.

You will notice:

- A high level of noise and activity,

- Lots of open storage, equipment and machines,

- Other ICU patients and their visitors,

- Many members of the ICU team.

LEAVING THE ICU

You may feel just as worried about your family member leaving the ICU as you did when they were admitted! Patients and families often feel very secure with the close monitoring and nursing care provided in the ICU. You may be nervous about the type of care that will be available on other units.

The decision to transfer patients out of the ICU is always made with the patient’s needs in mind. The care on the new unit will be different. The new unit was carefully chosen because it is the best place to meet your family member’s needs at this time.

You and your loved one have been through a lot. The road ahead may still be long. It will still be very important to support your family member and to take care of yourself. Keep sharing your worries with the team looking after your family member. They will support you through the next steps of this difficult time.
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Your loved one has been admitted to the Intensive Care Unit (ICU).

The ICU is a special unit for people who are very sick or who have just had major surgery. Patients in the ICU receive constant monitoring and care from a team of experts.

Admission to the ICU is tough on patients, but it is also tough on their family and friends!

This booklet was made to give you some important information about the ICU. We hope it helps you during this stressful time.

Our goal is to provide excellent care to our patients and to their families and friends.

Please share your worries, fears, and feelings with us so that we can best meet your needs.

Sincerely,

The Jewish General Hospital’s Intensive Care Unit Team
An Initiative of the
Adler/Sheiner Patient and Family Support Program

Joelle Berdugo Adler and her family, after a difficult experience in the ICU with their beloved and belated husband and father Lou Adler, initiated the Adler/Sheiner Program to assist patients and families in the ICU. The generous and thoughtful support of the Adler family has resulted in many innovations to help patients and families through this difficult time, among which is this informative booklet.

Prepared by: J. Bailey, L. Hodgson, and the multidisciplinary ICU team.
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