

**Trauma and Life Support Center
(TLC)
A Guide for Patient and Family**

Welcome to the Trauma and Life Support Center (TLC) of UW Health. TLC is an intensive care unit (ICU) that provides care for patients who are critically ill.

TLC supports a patient and family centered approach to care. The core concepts of patient and family centered care are dignity and respect, information sharing, participation, and collaboration.

- We invite patients to be as involved in their own health care as they want to be.
- We actively involve patients and families to partner with the health care team.
- We see the patient and family as important members of the health care team.

We value your input. Please feel free to ask questions and share your thoughts with the nurse or any health care team member.

- TLC staff

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 7/2019 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#4310

Table of Contents

	Page
Communication	
Visiting and Patient Updates	3
Communication with the Health Care Team	3
Care Team Visits and Family Meetings	4
Advance Directives	4
What to Expect in the ICU	
Equipment	5
Procedures	6
Common Medicines	6-7
Supporting the Caregiver	
Family Support and Internet Access	7
In the Patient Room and Journaling	7
Leaving the ICU	
Transfer and Discharge Planning	8
Palliative Care	8
Questions	9
Notes	10
Names of Team Members	11

A Note to You and Your Family

Being a patient or a family member of a patient in the ICU can be intense. It is our goal to clearly share information with you while also being careful to maintain patient privacy. Below are a few guidelines that we use.

Visiting

The primary support persons and family of a patient will most often be able to visit any time during the patient's stay in the hospital. Visiting hours for all other guests are from 8:00 am to 9:00 pm. In order to provide a safe setting, people who are allowed to stay after 9:00 pm will need to pick up an ID badge from the nurse.

To ensure privacy and safety for all patients, we do ask that all visitors call the unit each time before you enter the patient's room. Phones are offered in the Visitor Lounge and on the wall of the main hallway as you enter the TLC unit.

TLC South (bed #1-12):

- (608) 263-8134 or
- Dial "3" from the hallway phones

TLC North (bed #13-24):

- (608) 263-8954 or
- Dial "4" from the hallway phones

Visitor Lounges

TLC has two visitor lounges. One lounge is a space for talking and eating. The other lounge is a quiet area for visitors to rest.

Patient Updates

One or two people may be named as primary contacts to receive frequent updates on the patient's status. This contact is often a family member or a trusted friend. Privacy laws limit the amount of information that hospital staff can provide to other people.

The primary contacts may wish to call the unit to get updates about the patient's status and plan of care. While attempts are made to respond to every call, there may be times when the staff is not able to come to the phone. In these cases we will arrange for the staff to get back to you as soon as they can.

Talking with the Health Care Team

While in the hospital you may hear the phrase "interdisciplinary team" being used. This team includes a number of people who will be directly involved in treatment and plan of care. We see the patient and family as important members of this team. We welcome your questions and value your input.

Health Care Team

Each patient has a team of providers who create the plan of care (primary team). They will talk to you about your treatment plan with the input of the other care team members. The team will consist of one attending doctor and may include nurse practitioners and other doctors in-training, referred to as fellows and residents.

At times, the primary team may consult specialists. This means that the consulting team will provide the primary team with suggestions related to their area of specialty. For example, a cardiologist specializes in the heart and may be consulted for concerns about the heart.

The nurse will be your main caregiver and point of contact.

Some other examples of your health care team members include: respiratory, occupational, physical, and/or speech therapists, pharmacists, clinical nutritionists,

nursing assistants, case managers, social workers and ICU nurses and doctors.

Because the health care team can consist of many people, it may be helpful to write down the names of the team members. Paper for this can be found at the end of this packet.

Care Team Visits

We want to partner with you during your hospital stay and learn what's most important to you. One way we do this is through daily Care Team Visits. The patient plan of care is discussed during the bedside Care Team Visits. Decisions are made about medicines, diet, activity, procedures, tests, and the readiness to transfer to the next level of care.

The times of the Care Team Visits may vary between services and from day to day, but, the time is most often from 8:30-10:30.

Your Care Team Visits provide a time to:

- Communicate and listen to your questions and concerns.
- Adjust the care plan to meet the health goals of the patient.
- Respect the values and beliefs of the patient and family.
- Empower you to be involved in health care decisions.

Family Meetings

A family meeting is another way to communicate with your health care team. You will be able to have a family meeting with the care team by the 3rd day of your stay in TLC. During these meetings, family members can talk with the healthcare team about your treatment plan and goals of care.

Patients and families often find it helpful to write down questions and concerns that they have ahead of time. Paper for note taking can be found at the end of this packet and in the flyer that you get when you arrive in TLC.

Communicating Patient's Wishes

We make every effort to understand the wishes of the patient. Advance directives are legal forms that allow patients to state health care wishes in the event they are unable to do so themselves. These forms also allow patients to name the person(s) they want to act as agent/spokesperson for their wishes.

Advance Directives

Wisconsin and most states have two forms of advance directives – Power of Attorney for Health Care and the Declaration to Physicians (also known as a “Living Will”). If you have completed these forms, the law requires us to have a copy of these in the patient's medical record. Please make sure that we have a copy of any of these forms if one has been completed.

Some patients choose not to have advance directives or have not yet completed one. When there is no advance directive, doctors often turn to adult family members to make decisions. Some questions to think about when making these decisions might be:

- Did you ever talk about what the patient would want if things did not go the way they had hoped?
- What do you think the patient would want, and what is best for him or her?

If you want to learn more about advance medical directives, we can arrange for the social worker to meet with you.

Equipment in the ICU

There are monitors, machines, and tubes that patients may have during a stay in the hospital. Please ask your nurse if you have any questions about the equipment in the ICU.

Monitor

The monitor is used to measure how the heart and lungs are doing. It tracks heartbeat, oxygen level, blood pressure, and other body functions. The numbers and pictures are seen in the room and at the nursing station 24 hours a day.

Nurses constantly monitor patients and respond to the alarms. The monitors have alarms for all the patients, so you may hear the monitor beep when the alarm is for another patient. The purpose of this is to quickly convey vital patient information to all nurses when they are in patient rooms.

Pulse Oximeter (Pulse Ox)

A device that clips to the finger. It has a red light at the end of it. It measures the oxygen level in the body.

Ventilator (Vent)

A machine used to help patients breathe and give higher amounts of oxygen. Severe illness or injury can cause too low levels of oxygen or too high levels of carbon dioxide.

This machine connects to the patient through a tube in the mouth (ETT) or neck (tracheostomy or trach). A breathing tube may be unpleasant. It can make some people anxious. Patients can get medicines to help them feel more comfortable. The vent will be removed as soon as the patient is able to breathe well on their own.

Arterial Line (A line)

A tube in an artery, most often in the wrist, used to measure blood pressure. It is also used to draw blood for lab tests without having to use a needle.

Central Line

A tube in a large vein in the neck, leg, or arm (PICC). It is used to give certain medicines.

Bladder Catheter (Foley)

A tube used to collect urine into a bag. Checking the amount of urine tells us how well the kidneys are working. Sometimes patients feel the urge to urinate even though the catheter is in place, and this is normal.

Feeding Tube (Dobhoff)

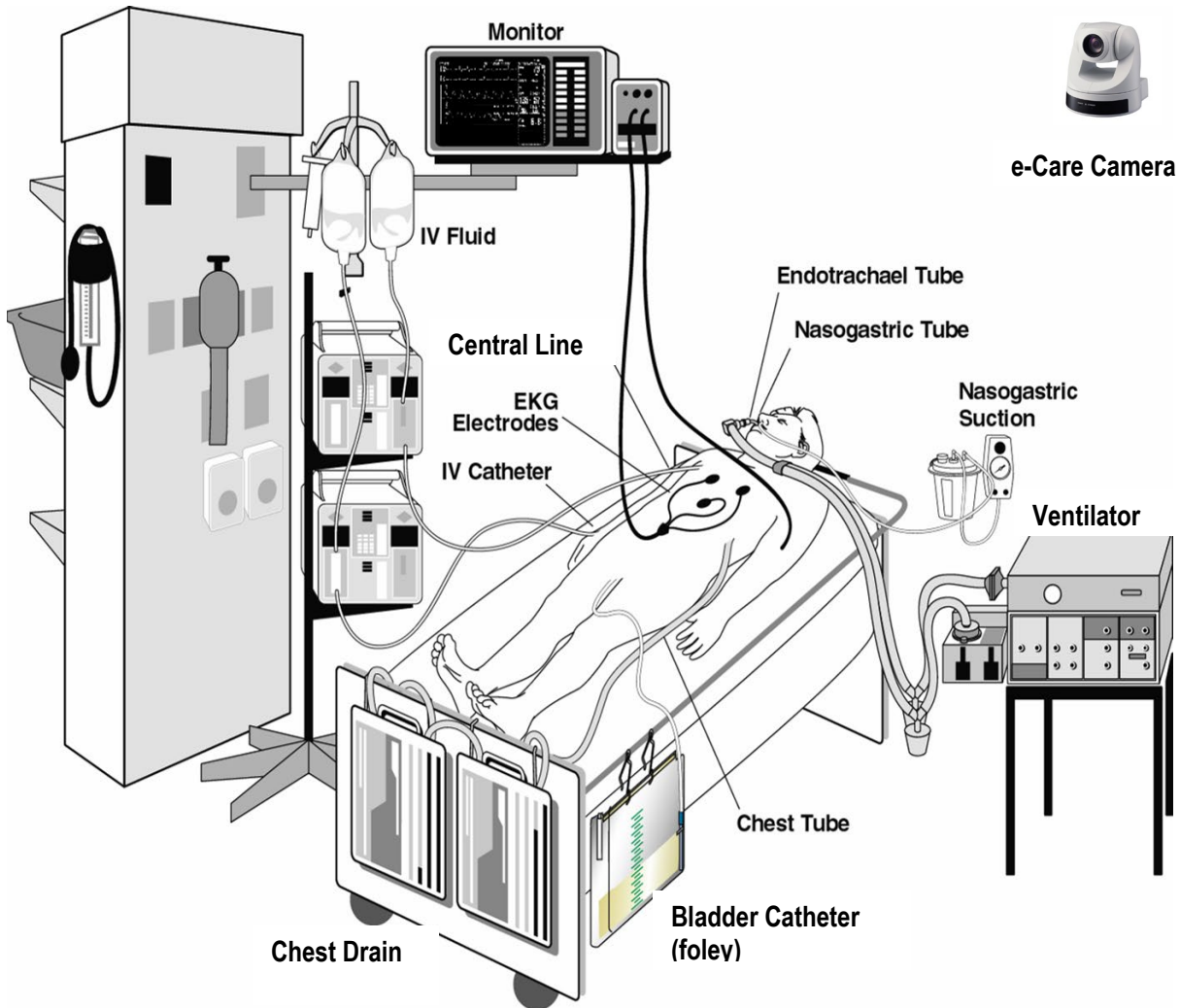
A small tube placed in the nose or mouth. It is used to give fluids, food, and medicine to patients who cannot take them by mouth.

Sequential Stockings (SCDs)

Special wraps that are placed on the legs. The wraps are attached to a machine that inflates and deflates in a routine pattern. This helps blood flow and decreases blood clots.

e-Care Camera

This camera allows e-Care staff to remotely monitor patients. E-Care includes critical care doctors and nurses that provide further patient care support. To ensure privacy, cameras are turned off except when needed to check patient status or deliver care. When a camera is off, it faces the wall. All audio and video is not recorded.



Procedures in the ICU

ICU rooms are equipped to handle many procedures in the room. Some procedures or tests may need to be done outside of the unit. The nurse and/or doctor will always go with patients in the ICU when they leave the ICU room.

Common Medicines in the ICU

Pain Medicines

There are many ways to manage pain. Examples include morphine, hydromorphone (Dilaudid®) and fentanyl. There are many causes of pain and nurses often assess pain level. Please talk to the nurse if you are concerned about managing pain or you think that the patient looks like he or she may be in pain.

Sedation Medicines

These act in the brain to cause sleepiness, drowsiness, decrease anxiety, and provide amnesia (help the patient not remember much of their time in the ICU). Examples include lorazepam (Ativan®), midazolam (Versed®), and propofol.

Vasopressors “Pressors”

These medicines are used when a patient’s blood pressure is too low. They work in the heart and blood vessels to increase blood pressure. Examples include norepinephrine (norepi), vasopressin, and dopamine. Nurses may make frequent changes to the medicines to keep a patient’s blood pressure within a certain range.

Antihypertensives

These medicines are used when a patient's blood pressure is too high. They work in the heart and blood vessels to decrease blood pressure. Examples include nitroglycerin, labetalol, and esmolol.

Insulin

This medicine is used when a patient's blood sugar is too high. The stress of critical illness and medicines can cause a patient's blood sugar to increase. Just because a patient needs insulin in the ICU does not mean he will always need it. A small blood sample from the finger is used to check the blood sugar level often.

Supporting the Caregiver

Having a family member in the ICU can be very stressful. Stress can affect the body and mind. It is important to take care of yourself. Remember basic needs, stay well-hydrated, eat regular meals, and try to get plenty of rest.

Family Support

There are resources available for support. Please ask the nurse if you would like to speak with a social worker, case manager, or chaplain.

Worship services are held in the chapel on the main floor of the American Family Children's Hospital. The schedule for worship services may change. For the most recent schedule call **(608) 263-8574** or go to www.uwhealth.org and click on "Patients and Visitors" link to find the UW Hospital Visitor Guide.

Resources in the Hospital

In the TLC Visitor Lounge, there are "Finding Your Way" brochures. This brochure provides hospital maps and information on services such as the cafeteria, pharmacy and gift shop. If you

need help, please ask for help from any hospital employee.

Internet Access & Web Resources

The hospital offers free Wi-Fi internet access from your own device throughout the hospital.

There are also public computers in the TLC Visitor Lounge and the Surgical Waiting Area in the B module on the 2nd floor.

You can also find a hospital visitor guide on www.uwhealth.org. Click on "Patients and Visitors" link to find the UW Hospital Visitor Guide.

Ideas for When You're In the Patient Room

Let the patient know that you are there. A well-known voice and a gentle touch can provide comfort. Try reading aloud or talking about daily events. You should speak in a calm voice.

Keep in mind that the patient might not be able to respond to you, either because there is a breathing tube in place that does not allow the patient to speak, or because of medicines or altered awareness.

Be yourself. There may be moments when you may feel like laughing or crying with the patient.

Talk with the nurse about helping with personal cares, if you would like. This may include: applying lip balm, giving a hand and/or foot massage, helping with passive range of motion exercises.

Journaling

Putting your thoughts and feelings on paper may help reduce stress. Writing may also help you keep track of daily events. You can use the paper in this packet.

Going over notes from the ICU stay can also help the patient recover. A better understanding of the time in the ICU may reduce further stress and anxiety. This is very helpful for patients who are unable to recall portions of the ICU stay.

Leaving the ICU

Patients are ready to move from the ICU when their care needs change. The unit that the patient is transferred to depends upon the patient's needs. Transfer plans will be discussed with the patient and family as soon as possible.

Transfers

When a patient is ready to move from the ICU to another unit in the hospital or to another facility, they may be moved to an "IMC" – intermediate care or "to the floor" – general care unit. This depends on their care needs. Most often, moving from the ICU also means that patients are getting closer to being discharged from the hospital. Hospital staff makes every effort to predict when the transfer will happen and to tell the family about the move as soon as they can.

The new unit will most likely include new nurses and doctors, different medical equipment and different structure (visiting hours, time for rounds). Staff on the new unit will answer questions and explain what to expect during your stay with them.

Discharge Planning

Discharge planning begins at admission. It includes input from the care team and most importantly from patients and their families. Case management staff (nurses and social workers) will begin talking about and exploring possible needs for when a patient is ready to leave the hospital. Not all patients require more support or medical care after the hospital. There are different types of care for those who need it. This may include home health care, long term acute care hospitals, skilled nursing facilities and inpatient rehab units.

Palliative Care

Sometimes, despite our treatments and hopes, a patient cannot recover or return to a desired quality of life. There are some cases where the patient does not want further treatment.

Palliative care is focused on giving patients relief from the symptoms, pain, and stresses of a serious illness, whatever the diagnosis. The goal is to improve quality of life for both the patient and the family. This care is offered in a number of settings, which includes the ICU. The hospital also has a palliative care unit and a specialty team if needed.

