



# Intensive care medicine

Information for patients and their families

INTRODUCTION	3
TREATMENT IN THE DEPARTMENT OF INTENSIVE CARE MEDICINE	4
And how you are informed or give your informed consent	
INTRODUCING THE DEPARTMENT OF INTENSIVE CARE MEDICINE	6
WHO WILL BE LOOKING AFTER YOU OR YOUR FAMILY MEMBER IN THE DEPARTMENT OF INTENSIVE CARE MEDICINE?	9
VISITING POLICY	11
ACCOMMODATION	15
CLOTHING, PERSONAL ITEMS AND HYGIENE	16
BACK TO THE GENERAL WARD	16
USEFUL INFORMATION AND TELEPHONE NUMBERS	17
YOUR COMMENTS	18

This brochure contains general information about the department of intensive care medicine. It addresses practical and organisational questions. If you have any further questions after reading this brochure, please ask a nurse or the receptionist.

For general information about the hospital we suggest you read the brochure 'Information on hospital admission for patients and family'.

We wish you and your family member all the very best.

The department of intensive care medicine team

Intensive care medicine A, unit 513	Tel. +32 16 34 40 60
Intensive care medicine B, unit 514	Tel. +32 16 34 40 70
Intensive care medicine C, unit 509	Tel. +32 16 34 87 70
Intensive care medicine D and burns centre, unit 519	Tel. +32 16 34 87 50
Intensive care medicine E, unit 510	Tel. +32 16 34 88 11

Follow the pink arrows on the first floor



# TREATMENT IN THE DEPARTMENT OF INTENSIVE CARE MEDICINE

## AND HOW YOU ARE INFORMED OR GIVE YOUR INFORMED CONSENT

Patients are admitted to the department of intensive care medicine either on a planned basis after a major operation, unplanned after surgery or a serious accident, or because of any other severe medical condition.

In our department the patient's health is constantly and closely monitored and every effort is made to provide the best possible treatment. Sometimes specialised investigations are needed.

A monitoring system is in place to provide constant information about the patient. Often a small tube is inserted into an artery for continuous measurement of the blood pressure, which also allows painless blood sampling.

Different kinds of equipment may be used for treatment. Many patients need long-term or short-term breathing support. A ventilator is used for this. This device is connected to a respiration tube that passes through the mouth into the windpipe. While receiving this treatment the patient cannot speak. At this stage patients are often kept asleep. Kidneys and heart function may need support. It is obvious that a wide range of powerful medicines play an important role in treatment. These are administered through a catheter which is inserted into large vein (usually in the neck or just below

the collarbone). Strong painkillers and sedatives are given to keep the patient comfortable. Transfusion of blood products is commonly needed.

As well as the daily review by the doctor and blood and urine tests, investigations requiring technical equipment may be needed, such as radiological examination (X-ray or CT scan), endoscopy or tests of brain and muscle function.

All these treatments and investigations are necessary but they are associated with certain risks, some of which are related to the patient's general condition. The medical team will keep you informed on the evolution of your family member's health.

If further operations, other major treatments or special investigations are needed, you or your family member will be informed extensively beforehand by the attending physician.

If you feel enough informed to give your consent, the doctor will record in the patient's notes that you have given your consent. Sometimes, due to the extreme urgency of the situation, it may not be possible to discuss these major interventions with you beforehand. In that case the doctor will act in the patient's best interest according to his/her own judgment. All the necessary information will then be provided afterwards.

We also want to make you aware that the patient's freedom of movement can be restricted when a ventilation tube is in place. Wristbands attached to the edge of the bed are used to prevent the patient, who is often under the influence of painkillers and sedatives, from moving their hands towards the ventilation tube or other vital pieces of equipment.

The patient's freedom of movement may also be restricted for his/her own safety if he/she becomes confused as a result of being critically ill or having an altered brain function.

## INTRODUCING THE DEPARTMENT OF INTENSIVE CARE MEDICINE

You can find the intensive care units by following the pink arrows from the hospital entrance hall. At the end of the pink arrows you will find a reception desk and a waiting area.



The department of intensive care medicine has 67 beds and is divided into five wards:

Intensive care ward A, (Unit 513):	16 beds
Intensive care ward B, (Unit 514):	16 beds
Intensive care ward C, (Unit 509):	12 beds
Intensive care ward D and burns centre (Unit 519):	14 beds
Intensive care ward E, neuro-intensive medicine (Unit 510):	9 beds

Intensive care wards A, B, C and D are located behind the sliding glass door. Intensive care ward E is located to the left just before the reception desk.

Each ward has a number of single rooms and double rooms; wards 509, 513 and 514 also have a four-bedded room.

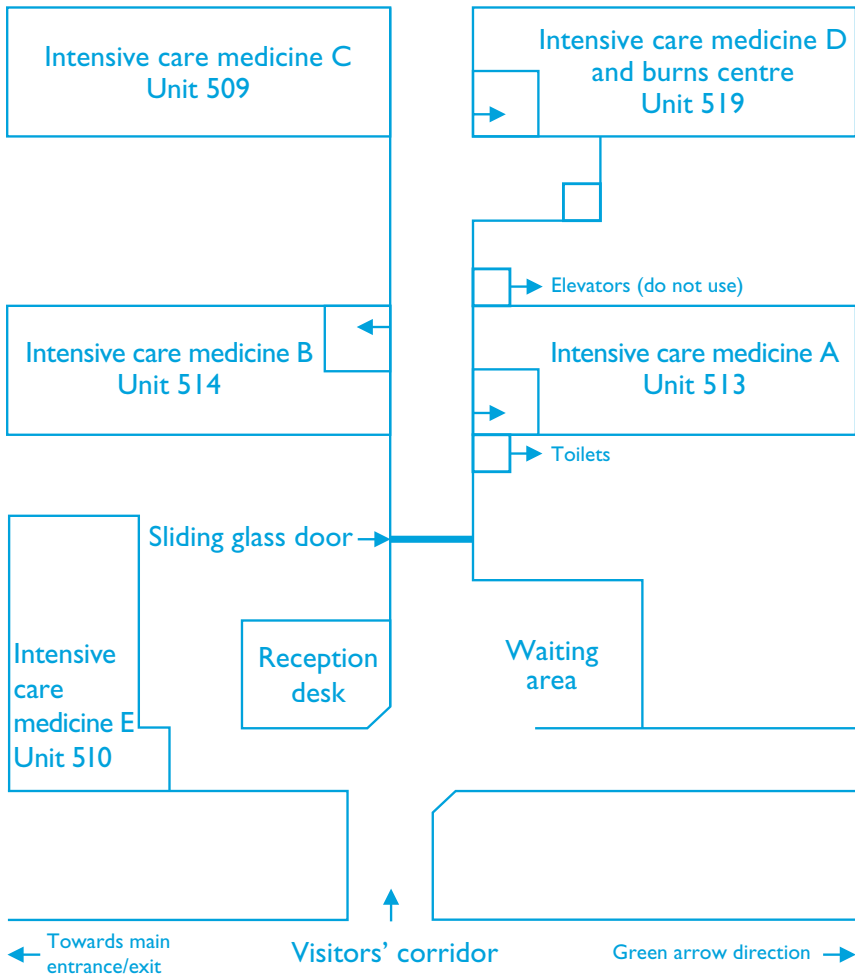
Unlike general hospital wards, men and women may be treated in the same room. The usual difference between shared rooms, double rooms and single rooms does not apply in the intensive care units. Single rooms are kept for isolation purposes and for patients who need strict rest. It is possible that the patient is transferred to a different room during his/her stay in the intensive care unit. This may be necessary because of your family member's condition, the condition of another patient, or for organisational reasons.

Children with critical illnesses are usually treated in intensive care ward C (Unit 509). Adult patients can also be treated in this ward.

As mentioned above, intensive care ward D is a mixed ward, treating both patients with burns and patients requiring intensive care.

Patients with a neurological or neurosurgical problem are mainly nursed at intensive care ward E, the neuro-intensive medicine ward.

The location of the various wards is shown on the plan below.





## WHO WILL BE LOOKING AFTER YOU OR YOUR FAMILY MEMBER IN THE DEPARTMENT OF INTENSIVE CARE MEDICINE?

The physicians and nurses are the first healthcare professionals you are likely to meet.

Treatment in the intensive care units is led by a team of doctors who are specially trained to treat critically ill patients. They are called **intensivists** and take overall responsibility for treatment in the intensive care units.

Your referring doctor or surgeon discusses treatment with the intensivist, but does not carry final responsibility for it at this stage.

You will be informed as soon as possible after admission which doctors will be looking after you or your family member. A number of different doctors will be looking after your family member. The physician looking after him/her may change during his/her stay, because of the doctor's working times and/or because of a patient transfer.

There is always a doctor present in each intensive care ward, also at night.

Specially trained **nurses** are responsible for the monitoring and care of patients. The intensive care wards have large nursing teams. Although we maintain the principle that the same nurse should look after the same patient for several days, you will still come into contact with many different nurses – especially during a long stay. One nurse is usually responsible for two patients; in exceptional cases a nurse may have responsibility for one patient or three patients. The nurses work in three shifts.

Besides the doctors and the nurses there are several other groups of healthcare professionals who provide care and support to patients.

**Physiotherapists** concentrate on appropriate breathing and coughing techniques and rehabilitation. They also try to start the rehabilitation programme as soon as possible by using stimulation and increasing the strength and stamina of the various muscle groups.

You can contact the ward **social worker** at any time if you want to talk to her. She mainly focuses on your – or your family member's – psychological or social needs. You can also contact her to discuss administrative or financial issues. She is also available to discuss care specifically related to the admission or required after your hospital admission/stay. After a stay in the intensive care unit, you may find it helpful to talk to a team member to come to terms with what has been a difficult time. You can discuss with the social worker who may be the best person to talk to.

During the afternoon and early evening (between 13.30 and 20.00 hrs) there is a **receptionist** at the intensive care reception desk. She will welcome you the first time you visit and help you to make contact with the nurses, in order to ensure that your visit goes as smoothly as possible. You can also talk to her after visiting your family member.

You can contact a member of the **pastoral service** at any time. The nurse or social worker will bring you in touch with him/her.

In the burns ward, a **psychologist** is able to offer psychological support to help patients cope with their condition.

**Domestic staff** come to the unit and clean the floor, the furniture and the equipment around the bed every day.

All staff wear a badge or a label showing their name.

## VISITING POLICY

Normally visits by family members are limited to two or three short visiting times per day. The reason for this restriction is partly that the patients in the unit are seriously ill, and partly to ensure conditions in which the staff are able to do their work. In a busy intensive care unit it is not possible to devote attention to family members at all times while also caring for patients.

- **Visiting times for intensive care wards A, B, C and D:**  
from 14.00 to 14.15 hrs, from 19.00 to 19.15 hrs  
and from 20.30 to 20.45 hrs.
- **Visiting times for intensive care ward E:**  
from 14.00 to 14.45 hrs and from 19.00 to 20.00 hrs.

We ask you to limit the number of visitors to no more than three.

Despite the limited visiting times, you can phone for information at any time of the day and night using the number that the nurse gives you.

Once your family member is getting better you will be able to speak to him/her on the telephone yourself. The nurse will then connect you from the central telephone number when you call. At mealtimes or when the nurse looking after your family member is not free to take the call, you may be asked to call back later.

We aim to keep the family informed about important changes in the patient's condition. We therefore ask you to give the nurse a number or numbers on which you can be contacted.

Please be present in the waiting area at the beginning of visiting time. The nurse in charge will come to collect you and will let you know which patients have returned to a general ward, which patients are transferred within the intensive care unit, and which family members need to wait a little longer before visiting. A delay of this kind is usually due to an investigation that could not be scheduled for any other time or due to an urgent need for nursing care, and it is only rarely due to a sudden deterioration in the patient's condition.

The first time you come for a visit, you will be taken to your family member's bedside by the receptionist or the nurse in charge. When you arrive at your family member's bedside, you will initially be seen by the nurse. During visiting times the specialist medical trainees are always available to give you any information you need. If you wish to speak to a member of the senior medical staff, an appointment will be made for you. In this case, please ask the nurse who is looking after your family member.

If you are not able to come at one of the visiting times, please contact the senior nurse to find a suitable solution. This can be done through the nurse who is looking after your family member.

For patients who remain in the intensive care unit for a long time, a longer visit may be appropriate. You can also discuss this with the senior nurse. Even if you are having an extended visit, we still try to keep the mornings and the period between 16.00 and 18.00 hrs free of visits.

Children under 12 years of age are not allowed to visit. In exceptional cases visits by children are desirable and therefore permitted. This can be arranged in consultation with the senior nurse.

We would ask you to arrange for one family member only to call the ward and pass on the information to other family members. This saves the nursing staff a great deal of time.

For patients who have few or no family members, a good friend or neighbour is welcome of course.

Since visiting a patient in an intensive care unit is very different from visiting a general hospital ward, we provide a few tips.

## TIPS FOR VISITORS

- ✗ You may be taken aback the first time you visit your family member because he/she is surrounded by equipment and a because various tubes, lines and bandages are attached to the body. Sometimes your family member will not be able to speak because of a ventilation tube in the throat. You should feel free to hold your family member's hand or kiss them and try to speak to them, even if they are unable to reply or seem asleep.
- ✗ Serious illness, various drugs, or an altered brain function can have a major impact on the patient's mental state, as a result of which they may be very confused for some time. This is a frightening situation for both the patients and their families.

- X After the nurse has informed you, you will be left alone with your family member for a while so you can have some private time together.
- X Do not be surprised if you suddenly hear an alarm signal. Most of the alarms are warning or reminder signals and do not mean that anything is going wrong or that you have done anything wrong. The nurse will come and switch off the alarm as quickly as possible.
- X Flowers and plants are not allowed on the ward because of water borne germs.
- X Mobile phone use is permitted in the hospital. In the intensive care units, however, there is a lot of sensitive and vitally important equipment which may be affected by mobile phones. The use of mobile phones is therefore forbidden on the intensive care wards.
- X To maintain the privacy of other patients you must only take photographs of your family member for personal use. Video recording is not allowed because conversations and images that include other patients might be recorded. Exceptions can only be made after discussion with the physician.

## ACCOMMODATION

Sometimes, because of the patient's condition, the family may need to remain close at hand. If your home is a long way from the hospital, it can be desirable to stay in Leuven.

UZ Leuven has an "Accommodation for Families" centre at Campus Sint-Pieter, Brusselsestraat 69, 3000 Leuven. If the accommodation at the Sint-Pieter campus is fully booked, accommodation is also available at the Pellenberg campus. You can make reservations by calling on +32 16 33 70 04 (internal telephone number 37004) between 9 and 12.00 hrs and between 16.30 and 19.30 hrs. (See also <http://www.uzleuven.be/en/accommodation-families>.)

If your family member is in a critical condition, there is basic accommodation available close to the intensive care units. These facilities are limited, so you can stay there for only one night. The use of this accommodation should be arranged beforehand with the senior nurse, the receptionist or the social worker.

## CLOTHING, PERSONAL ITEMS AND HYGIENE

Due to the large number of lines and tubes that may be connected to patients, it is not possible for them to wear their own nightclothes. As soon as the patient gets better, he or she can wear a hospital gown. You do not need to provide towels, flannels, soap, toothpaste or razors. The most important personal items the patient will need are a his/her glasses, hearing aid or dentures. Please put the patient's name on these to prevent any mistakes being made.

For reasons of hygiene and safety, jewellery is given to the family on admission; usually this has already been taken care of on the general ward.

## BACK TO THE GENERAL WARD

As soon as the patient's condition allows, he/she can leave the intensive care unit and return to a general ward. Sometimes the patient needs to stay in a medium care ward before returning to the general ward.

It is usually decided during the morning round whether the transfer can take place and whether there is a bed available on a general ward. If you call us at around midday, we will be able to give you this information so that you can arrange your visit accordingly later in the day.



# USEFUL INFORMATION AND TELEPHONE NUMBERS

## POSTAL ADDRESS

UZ Leuven campus Gasthuisberg  
(patient's name)  
Intensive Care (Unit...)  
Herestraat 49  
3000 Leuven

## TELEPHONE NUMBERS

### **Intensive care medicine A (Unit 513):**

+32 16 34 40 60 – 34 40 62 – 34 40 68

### **Intensive care medicine B (Unit 514):**

+32 16 34 40 70 – 34 40 72 – 34 40 78

### **Intensive care medicine C (Unit 509):**

+32 16 34 87 70

### **Intensive care medicine D and burns centre (Unit 519):**

+32 16 34 87 50

### **Intensive care medicine E, neuro-intensive medicine (Unit 510):**

+32 16 34 88 11

## WEBSITE

You can use the website to send an electronic greetings card to a patient admitted in the hospital

<http://www.uzleuven.be/e-card>

## YOUR COMMENTS

Your comments, experiences and suggestions are important to us. You can use the form on the next page to mention any positive experiences and suggestions and to point out any aspects that you felt were a problem.

Send your comments to:

UZ Leuven campus Gasthuisberg  
Department of Intensive Care Medicine Secretarial Department  
Herestraat 49  
3000 Leuven

If you or your family member are still in the hospital or returning for a check-up, you can also hand this form to the receptionist at the department of intensive care medicine (at the end of the pink arrow).



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you can consult your  
appointments, invoices and  
personal details online  
via **mynexuz**. For more  
information, go to  
[www.uzleuven.be/en/  
mynexuz](http://www.uzleuven.be/en/mynexuz).

