A Family Guide to the Intensive Care Unit (ICU)

9th Floor ICU (415) 353-1621
13th Floor ICU (415) 353-8113

Our Unit

Welcome to 9/13 Floor Intensive Care Unit (ICU), a part of UCSF Medical Center for patients who need specialty monitoring and management. A team of nurses, doctors, respiratory therapists, social workers and other health care professionals work together to care for patients in the ICU. We also assist families and friends during their loved one’s ICU stay. This can be an overwhelming and stressful time for everyone involved; you may feel confused, helpless and afraid. These are all normal reactions. We understand your feelings and want to help you. This pamphlet will answer some of your questions.

Patient Care

ICU nurses and doctors use many different machines and monitors to care for patients. The activity of the heart, blood pressure, breathing and other information is displayed on a bedside MONITOR that looks like a TV or computer screen. Many patients have a tube in their windpipes attached to a VENTILATOR, a machine that helps them breathe, but that also prevents the patient from talking.
All patients in the ICU have at least one INTRAVENOUS (IV) LINE, through which fluids and medications are administered. All of the machines and monitors have alarms that alert the nurse to treatments and conditions that may require attention.

Nurses in the ICU work 12-hour shifts from 7 a.m. to 7:30 p.m. or 7 p.m. to 7:30 a.m. If you have any questions or concerns, please ask the nursing staff and they will assist you.

**General Information**

- Many patients in the ICU are IMMUNOSUPPRESSED, which means their immune systems are weakened and are less resistant than normal to infection. To protect these patients, we ask that you not bring fresh flowers or plants to the unit because they may carry bacteria. If any plants or flowers are delivered, we will ask you to take them home.

- Smoking is not permitted anywhere in the hospital.

- The hospital cafeteria is located on the second floor. Many restaurants and food stores are located throughout the campus and surrounding neighborhood.

- Severe illness and major surgery place great strain on patients and their families. Our experienced social worker is available to help families cope with the emotions and stresses associated with being in the ICU. Please let the nurse know if you would like to talk with the social worker.

- Hospital chaplains – ministers, priests and rabbis – are available on a 24-hour basis to visit patients and families. We can help locate ministers of all faiths. Your own clergy also are welcome to visit. A meditation room is available; please ask our unit secretary for directions.
Visiting Guidelines

While the needs of critically ill patients are complex, the nurses try to provide flexible visiting hours for family and friends. We ask that you:

- Use the telephone in the ICU waiting room to find out if the patient can have visitors.

It is a direct phone line to the ICU reception desk. You may be asked to wait a few minutes while the nurse is caring for the patient. When entering the ICU, please identify yourself to the unit secretary at the desk before going to the patient’s bedside.

- Limit the duration of your visits.

Frequent short visits provide patient support, yet leave enough rest time for recovery. The nurse may decide to limit any visit depending on patient needs.

- Please do not visit between 7 and 8:00 a.m. and between 7 and 8:00 p.m.

These are shift change times when nurses exchange information and discuss care for the patients.

- Designate a contact person.

A single contact person can relay messages regarding the condition of the patient to family and friends. Several telephones located outside of the ICU are available for that purpose. Having a contact person helps limit the number of phone calls and allows the nurse to concentrate on patient care.

Personal Belongings

Due to limited space, the patient may keep only eyeglasses, dentures and slippers. We encourage bringing pictures of the patient and loved ones to individualize the room and surround the patient with positive images. However, we can’t be responsible for lost or damaged objects; please label all items with the patient’s name.
Family Resource Group

A resource group rounds every two weeks for families and friends of critical care patients. Information on time and location is posted in the waiting room. Please join us to share your questions and concerns.

Frequently Asked Questions

May I touch the patient?

- It is usually comforting to be touched and we normally encourage visitors to do so. However, it is best to check first with the nurse.

Why are the patient’s hands tied?

- The restraints are for patient safety. The patient’s hands may be tied to prevent him or her from accidentally removing IV lines or catheters.

Is the patient in pain?

- Nurses assess the patient’s expressions, vital signs, behavior, etc. to determine if pain is present. Pain medication or other measures are given to provide comfort.

How long will the patient be like this?

- Each patient recovers from illness or surgery at his or her own pace. It is best to take it one day at a time.

Can the patient hear me? Does he or she know I’m here?

- Many patients in the ICU appear to be asleep or unconscious. We don’t know if the patient can hear us at that time. Medication and illness will affect a patient’s ability to respond. Please talk to your loved one as if he or she can hear you.
When will the doctor come?

- The attending physician – the patient’s primary doctor while in the hospital – will see the patient at least once a day. Each doctor has a different schedule so times vary. The intensive care doctors are usually present in the ICU and see the patient frequently. The nurses can answer many of your questions, relay messages and help you contact the doctor.

What do the alarms mean?

- The alarms alert the nurse to changes in the patient’s condition; sometimes they indicate that the machine needs attention.

What special training do critical care nurses have?

- All registered nurses must pass a state examination to practice in California and then train an additional two to three months to learn how to care for intensive care patients.

What does a respiratory therapist do?

- A respiratory therapist collaborates with nurses and doctors to help care for the patient’s lungs. The respiratory therapist can often be seen giving treatments and adjusting ventilators to help patients breathe more comfortably.

Research

UCSF is one of the world’s leading research institutions. The creation of new knowledge and treatments are part of the core of the University’s mission. Research has an important role in improving how we care for patients. During your family member’s stay in the ICU, you may be approached about participating in our research or “studies.” The research staff works in collaboration with your family member’s primary physician and ICU teams to provide the best care possible.
Research can be conducted in various ways. Some studies involve observing and collecting information about a certain aspect of care. Other studies may involve testing a new medication or treatment. In order to be part of these studies, the patient or family member must give his or her consent. Participation in research is a voluntary and informed decision. The patient or relative should feel that he or she understands what the study involves including any related procedures, risks and benefits. The patient or relative shouldn’t feel pressured to participate and can change his or her mind at any time.

Without the help of our patients and families, UCSF Medical Center would not be ranked as one of the top 10 hospitals in the nation and as a leader in medical innovations that improve and save lives. We thank you for your support.

**Glossary**

**Arterial Line** – A small flexible tube called a catheter inserted in the patient’s artery, usually near the wrist, and attached to a monitor. It is used to monitor blood pressure and to obtain blood samples.

**Attending Physician** – The primary doctor who is ultimately responsible for decisions about patient care.

**Catheter** – A flexible tube placed into a blood vessel or other part of the body. An intravenous or IV catheter goes in a vein. A Foley catheter goes in the bladder.

**Central Venous Line** – A catheter inserted into a large vein to monitor the amount of fluid that flows through the heart. It is usually introduced through the arm, chest, groin area or side of the neck.
**Chest Tube** – A tube that is inserted into the space between the ribs and the lung to drain fluid and air, and that allows the lung to re-inflate back to normal.

**Electrocardiogram (ECG)** – A tracing of the heart’s electrical activity. Special wires are placed on the body, which pick up an electrical signal from the heart as it beats. The signal, displayed on the cardiac monitor, allows the nurse to continually check on the heart’s rhythm.

**Endotracheal tube** – Also referred to as an “ET tube,” is a flexible tube inserted through the mouth or nose into the windpipe. This tube, connected to the ventilator, aids in breathing and delivers oxygen.

To *intubate* is to insert the ET tube.

To *extubate* is to remove the ET tube.

**Feeding Tube** – A soft, flexible tube inserted through the nose into the small intestine to give liquid food or medication.

**Foley Catheter** – A tube placed into the bladder to drain and monitor urine output.

**Immunosuppression** – The condition where the immune system or bodily defenses are unable to function adequately. This condition results in an increased risk for infections.

**Intravenous Line (IV)** – A flexible tube inserted into a vein to give medication and fluids.

**Intravenous Board (arm board)** – A plastic board applied to the wrist and supported with tape. It usually prevents bending and dislocating the intravenous or arterial line.

**Monitor** – A TV/computer-like screen that displays many different waves; each one representing pressures and body activities.

**Nasogastric Tube (NG Tube)** – A plastic tube inserted through the nose into the stomach to allow direct removal of stomach contents.
Support Hose/TEDS (thromboembolic disease) Stockings – These stockings help prevent the formation of blood clots or embolisms by supporting leg muscles. Their massage-like pressure prevents blood from pooling in the veins of the legs. SCDS (sequential pneumatic compression devices) wrap around.

Ventilator (Respirator) – A machine connected to the endotracheal tube (ET tube) to aid breathing and deliver oxygen.

Important Names


Important Numbers


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