

Medical Intensive Care Unit

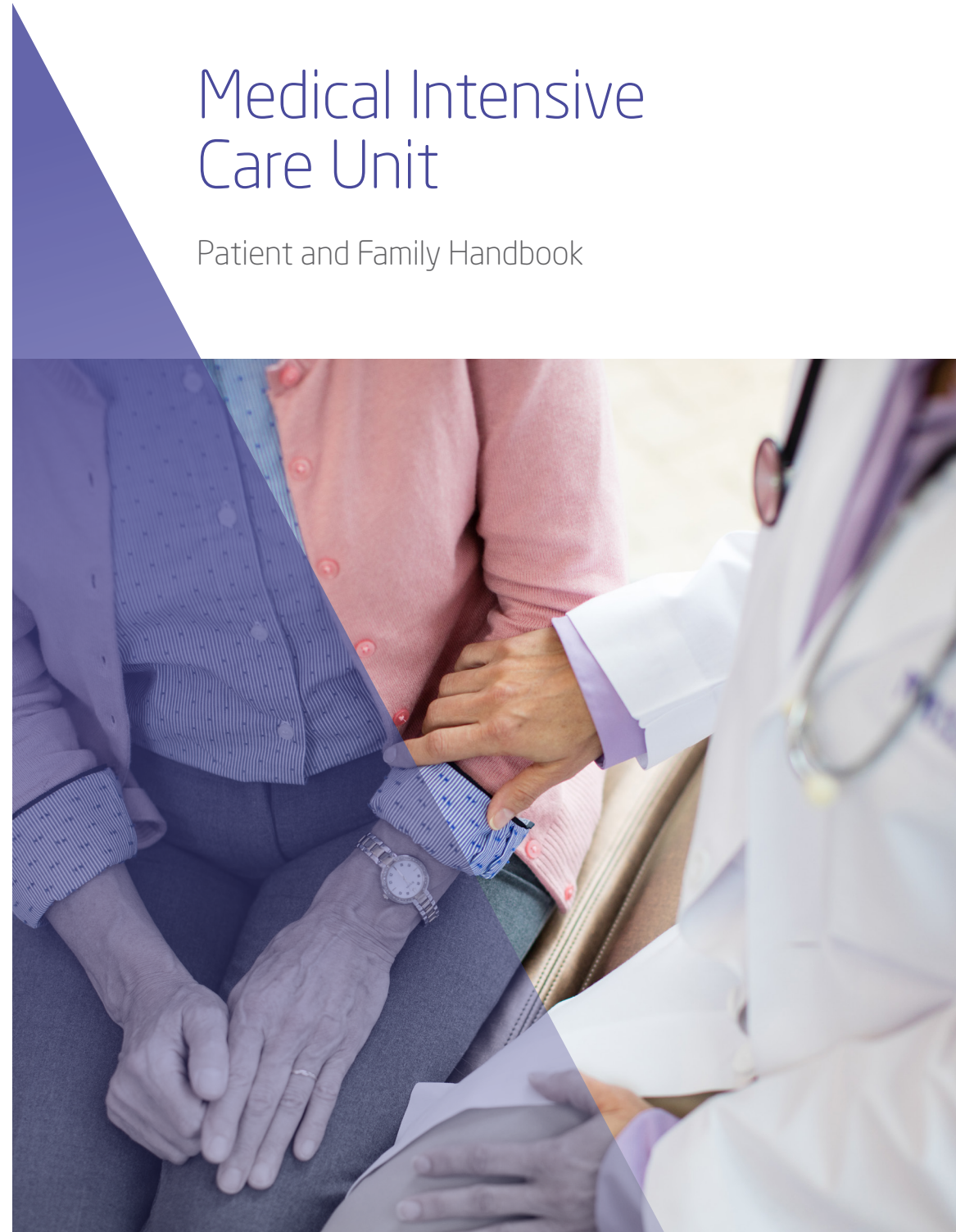
Patient and Family Handbook



Northwestern Memorial Hospital
251 East Huron Street
Chicago, Illinois 60611
312.926.2000

TTY for the hearing impaired 312.926.6363

nm.org



**Medical Intensive Care Unit
Northwestern Memorial Hospital
Feinberg and Galter pavilions, Ninth Floor**

Important phone numbers

MICU.....	312.926.5140
Main hospital.....	312.926.2000
Patient representatives.....	312.926.3112
Chaplain/Spiritual Care.....	312.926.2028
Medical Records	312.926.3375
Financial Assistance	312.926.6900
Interpreter services	312.926.2521
(to arrange an in-person interpreter)	

Northwestern Medicine is a community of caregivers who welcome, respect and serve all people without regard to age, race, color, national origin, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, and military or veteran status.

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Welcome

The Medical Intensive Care Unit (MICU) is a hospital unit for critically ill patients, or those who need specialized care and observation. At Northwestern Medicine, we know that family and friends are vital parts of the healthcare team and play a large role in healing and recovery. During this time in the MICU, we will work as a team to provide for your needs.

This handbook will orient you to the Northwestern Memorial Hospital MICU, our staff and the type of care that may be provided here. Please take the time to review this information and share any questions with a member of the care team. Note that not all of the information included in this handbook will apply to you or your loved one.

Thank you for trusting Northwestern Medicine. We are committed to putting patients first in everything we do. If any needs or concerns arise while you are here, notify a staff member so that we can continue to provide excellent care.

About the MICU

The MICU is located on the ninth floor of Feinberg and Galter pavilions. There are two waiting areas located on this floor, next to the patient elevators.

How to contact the MICU

The main MICU phone number is 312.926.5140. When you call, you can ask to speak with the patient's nurse. Please avoid calling during nursing hand-off, which happens daily between 7:00 and 7:30 am, and 7:00 and 7:30 pm. During this time, our nursing staff is focused on sharing important patient care information for nurses on the incoming shift.

Visiting hours

No more than two visitors should be in a MICU patient room at one time. Additional visitors are welcome to wait in the waiting areas. There are no designated visiting hours; visitors are allowed 24/7.

For their safety and the well-being of all of our patients, please avoid bringing small children to the unit. During flu season, no visitors under the age of 18 are allowed to visit.

If you have questions regarding visitors to the MICU, please ask your nurse.



Preventing infection

When entering and exiting any patient room, be sure to clean your hands, and remind others to clean theirs, too. Hand sanitizer is available in each room.

To avoid spreading infection, cover your mouth and nose when sneezing or coughing by using tissues or the bend of the elbow. Avoid coming to the MICU if you are ill or experiencing flu-like symptoms.

You may see Northwestern Medicine staff wearing masks or gowns. These are used to decrease the spread of infections between patients. It is sometimes recommended that visitors also use this kind of protection to help prevent the spread of an infection from the patient to you. If this type of protection is needed when visiting your loved one, staff will discuss this procedure with you and assist as needed.

If you have questions about isolation precautions, please ask the nurse.

For your comfort

Multi-faith rooms

Northwestern Memorial Hospital has two nondenominational spaces for families to use. These chapels are quiet places for prayer and meditation:

Feinberg Chapel

Located on the second floor in Feinberg Pavilion

Matthews Chapel

Located on the third floor in Prentice Women's Hospital

Both chapels are open 24/7 and offer resources for religious observance, including Muslim prayer rugs, Bibles and spiritual pamphlets. For all other Spiritual Care needs, ask your nurse to contact the hospital chaplain.

Food, drink and gifts

You may bring personal food and drinks into the MICU.

A variety of restaurants are located on the second floor of Feinberg and Galter pavilions, as well as the food court on the second floor of Prentice Women's Hospital.

Gift shops

Ashland Addison Florist

Prentice Women's Hospital, first floor

Barbara's Bookstore

Galter Pavilion, first floor

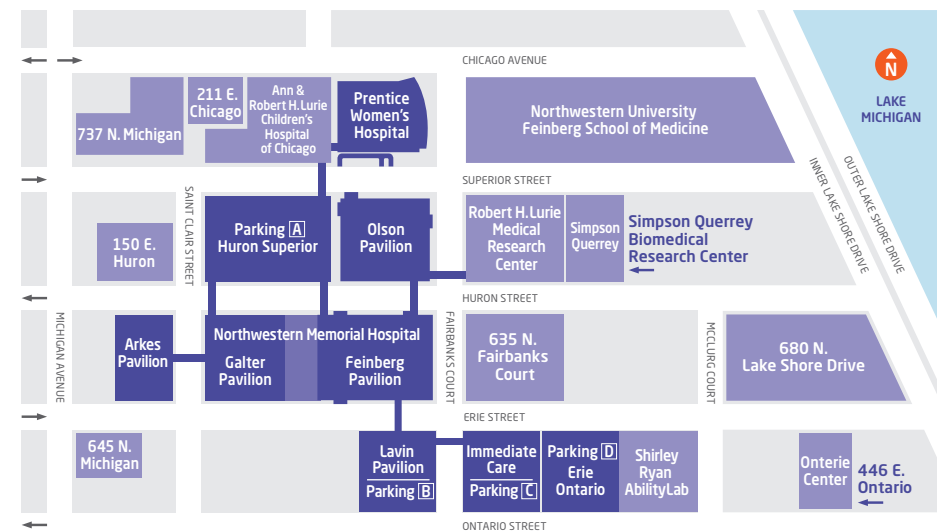
Pulse Gift Shop

Galter Pavilion, second floor

Zen and Now Gifts

Prentice Women's Hospital, first floor

For the most up-to-date information on dining and shopping at Northwestern Memorial Hospital, please visit nm.org/shopanddine.



Parking

Parking is available at a discounted rate for patients and visitors of Northwestern Memorial Hospital.

- Parking lot A: 222 East Huron Street
- Parking lot B: 259 East Erie Street
- Parking lot C: 321 East Ontario Street

Rates*

Up to 7 hours: \$12.00

7 to 24 hours: \$26.00

Validation

Parking garage tickets must be validated each time a car is parked. You can validate your ticket at the Customer Service Desks on the first and second floors.

*Rates subject to change without notice.

Understanding care in the MICU

Multidisciplinary care team

You and your loved one will interact with a whole team of healthcare professionals who are here to support your physical, emotional and spiritual needs.

Northwestern Memorial Hospital is a teaching hospital. A core part of our mission is to shape the next generation of medical professionals. That means the MICU care team may include medical students, nursing students, physician assistant students and/or pharmacy students, all under the supervision of professionals who have fully completed their training.

Critical care attending physician

This is a physician who has fully completed training in critical care medicine and supervises members of the MICU team, provides education, and guides the medical care of patients in the MICU.

Critical care fellow

This is a physician who has completed residency and is completing advanced training in critical care medicine.

Resident

This physician has completed medical school training and is training in internal medicine or emergency medicine. They are often in their second or third year of post-medical school training.

Intern

This physician is in their first year of training after medical school.



Critical care nurse

Respiratory therapist

Physical/occupational therapist

Advanced practice provider (APP)

In the MICU, APPs are nurse practitioners or physician assistants who have training and experience in critical care.

Critical care nurse (light blue scrubs)

This is a registered nurse (RN) who specializes in critical care.

Respiratory therapist (purple scrubs)

This special professional is trained to care for patients who have breathing problems. They provide breathing treatments and manage the ventilator.

Physical/occupational therapists (navy blue scrubs)

These professionals are trained to help patients regain strength during and after illness to improve mobility and self-care.

Pharmacist

In the MICU, this professional has specialized training in critical care medications.

Dietitian

In the MICU, this professional is specially trained in nutrition for critical care patients.

Social worker

This professional is trained to help patients and families during difficult times, such as during a stay in the MICU.

Chaplain

This professional is trained to provide spiritual support and guidance to people of any faith, or no faith.

Environmental Services team

Members of this team ensure patient rooms are clean and sanitary.

Rounding

The MICU team makes “rounds” to see every patient every day. This means that the team comes to each patient room and discusses the patient’s condition and plan of care. If you would like to be present during rounds, please talk to the nurse.

The timing of rounding to see patients varies based on procedures and availability of staff, but usually you can expect to see the MICU team between 7 am and noon. If you miss rounds, you can ask your nurse to page a physician for updates.

Throughout the day, other medical professionals and members of the treatment team will come to see the patient to conduct evaluations and provide treatments.

Typically during rounding, the MICU team will meet outside the patient’s room to discuss the details of the patient’s medical care. The team will then come into the room and discuss the plan for the day with the patient and/or proxy (see page 13).

Family meetings

Family meetings are pre-planned meetings with the multidisciplinary care team to discuss the patient’s care and goals with the patient and the patient’s family. These meetings are held to allow more time outside of rounds for the patient and family to interact with the healthcare team, ask questions, address concerns and ensure medical care is in line with the patient’s wishes.

We would like to have one family meeting within the first three days of a patient’s hospital stay. Please request to schedule a family meeting as soon as possible.

Who should be present for a family meeting:

The patient’s proxy (see page 13)

Family and friends who know the patient well, if appropriate

Often it is helpful to include the patient’s primary care physician, who may offer insight into a patient’s medical history and values. If the physician cannot attend in person, we can arrange for a phone conference.

Delirium

Delirium is a severe state of confusion related to illness and being in an unfamiliar environment. Approximately two out of three patients in the MICU experience delirium. Delirium is disturbing to families and can have long-lasting health consequences for the patient. The MICU team will partner with you to do all we can to prevent it.

People with delirium:

Cannot think clearly

Have trouble paying attention

Have a hard time understanding what is going on around them

May hear or see things that are not there, but seem very real to them

How you can help

Keep your loved one awake during the day so they sleep at night

Speak softly and use simple words

Remind your family member of the day and date

Bring glasses and/or hearing aids as appropriate

Decorate room with calendars, posters and family pictures

Talk about family and friends

ICU-acquired weakness

During severe illness, it is common for patients to lose muscle and strength from being in bed for a prolonged period of time. To help prevent this, nurses and therapists will help your loved one move to improve their strength and conditioning when possible.

To help your loved one, ask the nurse what exercises you can assist the patient with a few times during the day, if appropriate. This may help improve their ability to participate in physical and occupational therapy sessions when suitable.

Medical decision-making

See page 10–11 of the *Northwestern Memorial Hospital Patient Guide* for additional information on medical decision-making, including advance directives.

Advance directives

Advance directives are documents that state your wishes and preferences about the type of medical care you receive. Physicians refer to these documents only if the patient is unable to make decisions about their own medical care.

Advance directives do the following:

Document the patient's wishes and preferences

Ease the decision-making burden on friends and family

Allow the patient to choose someone they trust to make decisions about care when they are no longer able to do so themselves

Foster peace of mind and sense of control

Avoid unwanted medical/surgical treatments

Types of advance directives

Health care power of attorney: Allows the patient to select a family member or friend as the medical decision-maker.

Living will: Describes end-of-life wishes.

Physician Orders for Life Sustaining Treatment (POLST):

A more detailed version of conventional living wills and advance directives. These forms give patients the freedom to indicate preferences regarding life support, such as the use of resuscitation, intubation, intravenous antibiotics and feeding tubes. Such forms are intended for patients in their last year of life; they can follow patients across care settings and direct physicians to provide or withhold lifesaving treatments.

If the patient has an interest in completing advance directives paperwork, please ask the nurse for more information.

Patient proxy

Sometimes a patient is not able to make decisions for themselves in the MICU. In that event, we rely on a patient proxy to help make decisions on their behalf.

Types of patient proxies

Court-appointed legal guardian

Agent named in a health care power of attorney advance directive

Surrogate, determined by the Illinois Health Care Surrogate Act in the following order:

- Spouse
 - Adult children
 - Parents
 - Adult siblings
-

If you are a patient proxy, you will meet with the MICU team as the patient's voice in the decision-making process. You will bring your best ideas about the patient's values and wishes to this process, and the MICU team will provide their expertise. Together, you will decide on the most important goals for the patient's care, and the specific plan to bring about those goals.

Patients and families can ask to meet with a member of the Medical Ethics team for support in the shared decision-making process. Please speak to your nurse if you would like to arrange a consultation.

Code status

Cardiopulmonary resuscitation status, or code status, refers to a patient's wishes around end-of-life care. When patients enter the MICU and throughout their stay, code status is addressed to ensure the patient receives care that is in line with their values and wishes.

In the event of an emergency, the medical team will provide appropriate medical treatments that are in line with the patient's wishes.

Full code

Under full code status, in the event the patient's heart and breathing stop, the team will perform interventions such as chest compressions and electric shocks to the heart (cardiopulmonary resuscitation, or CPR), to try to restart their heart. For a patient with full code status, the clinical team will still consult with the patient or decision-maker for consent to other treatments and interventions.

Do not resuscitate (DNR)/Do not attempt resuscitation (DNAR)/Allow natural death (AND)

If any of these directives are in place, in the event that the patient's heart stops, CPR would not be attempted, allowing for a natural death.

Do not intubate (DNI)

In the event that breathing becomes difficult, the medical team may talk about a procedure involving placing a breathing tube (intubation) and using a machine (ventilator) to take over breathing. This may be unacceptable for some patients, and they may choose not to have this procedure. For those patients, the common phrase used is DNI.

Other interventions and treatments may be provided or may be declined, depending on the patient's wishes and clinical status. Examples could include dialysis or a feeding tube, which have different risks and benefits for different patients.

Decisions regarding CPR, intubation and mechanical ventilation, and declining or accepting other complex interventions, can be very difficult. We encourage the patient to discuss their wishes with the MICU team. A Medical Ethics consultant is available to you (ask the nurse).



Illustrated guide to a MICU room*

- 1 Dialysis machine
- 2 Ventilator/breathing machine
- 3 Patient bed
- 4 Side rail
- 5 Patient remote/nurse call button
- 6 Warm air machine
- 7 Sequential compression device (SCD) pump
- 8 Monitor
- 9 Feeding pump
- 10 Medication pump

Glossary

Arterial line (A-line): A tube in the artery, most often the wrist, used to measure blood pressure. It is also used to draw blood for lab tests.

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. This is normal.

Central venous line (central line): A tube in a large vein in the neck, leg or arm. (In the arm, it is called a PICC line.) This is used to give certain medications.

Chest tube: A tube that is inserted in the space between the ribs and lung to drain fluid and air. This may be used to allow the lung to re-inflate back to normal.

Continuous veno-venous hemofiltration (CVVH)/Dialysis: A machine that allows for continuous dialysis to remove extra fluid and toxins, as well as to restore balance of certain natural electrolytes in the blood.

Electrocardiogram (ECG): A tracing of the heart's electrical activity.

Endotracheal tube (ETT, or ET tube): A flexible tube inserted through the mouth or nose into the windpipe. This tube is connected to the ventilator to aid in breathing and deliver oxygen. (To intubate is to insert the ET tube. To extubate is to remove the ET tube.)

Feeding tube (Dobhoff): A small tube placed in the nose/mouth. It is used to give fluids, medications and nutrition to patients who cannot take them by mouth.

Hospice: A type of care that may be selected for patients who have a life expectancy of less than 6 months. The goal of treatment for patients on hospice care is to control symptoms and maintain quality of life rather than to cure the underlying illness.

Monitor: A computer-like screen that shows heartbeat, oxygen level, blood pressure and other body functions. Nurses can view this outside of the patient room.

Palliative care: A type of care that focuses on relieving pain and symptoms, managing stress and maximizing quality of life. Palliative care can begin at any stage of illness. It is not the same as hospice care.

Pulse oximeter (pulse ox): A device that clips to the finger/ear/toes to measure oxygen level in the body.

Sequential compression devices (SCDs, or compression stockings): Special wraps that are placed on the legs and attached to a machine that inflates/deflates them. This improves blood flow and decreases the risk of blood clots.

Tracheostomy (trach): A procedure, either temporary or permanent, that involves creating an opening in the neck to place a tube into the windpipe that allows air to reach the lungs.

Vasopressors (pressors): These medications are used when a patient's blood pressure is too low. They work in the heart and blood vessels to increase blood pressure. They often need to be given through a central line.

Ventilator (vent): Machine used to help a patient breathe and increase oxygen level. It connects to the patient through a tube in the mouth (ET tube) or neck (trach).

Advancing care through research

Northwestern Memorial Hospital is a leading research institution in the U.S. Research plays an important role in improving how we care for patients, and our findings help improve patient care worldwide.

The MICU may have previously participated in research to gain approval of some of the medications and treatments your loved one is receiving right now.

During your loved one's stay in the MICU, you may be approached by a member of our staff about participating in a research study or clinical trial. If you agree to participate, research staff will work with your loved one's MICU team to help ensure the best and most appropriate care continues to be provided.

You may also be approached by members of a research team to learn more about how this handbook impacted your experience in the MICU at Northwestern Memorial Hospital. Your honest feedback will help us improve how we communicate with MICU visitors to deliver an excellent experience.

Team members and notes/questions

Today's date _____

Attending physician _____

Fellow _____

Resident _____

Intern _____

Nurse _____

Pharmacist _____

Social worker _____

Consultant(s) _____

Physical therapist _____

Occupational therapist _____

**Important information from your care team or questions
you'd like to ask.**

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Occupational therapist _____

**Important information from your care team or questions
you'd like to ask.**

ICU diary

Keep a narrative of your loved one's stay, such as visitors and milestones. This is co-created by family and the care team.

Today's date _____

Today's date _____

Today's date _____

Today's date _____

Today's date _____

Today's date _____

Today's date _____
