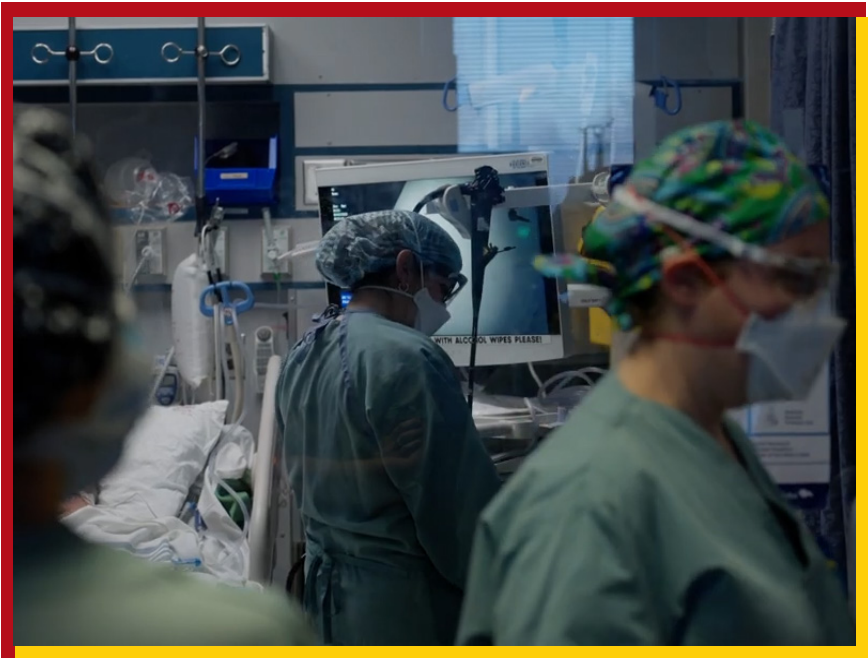
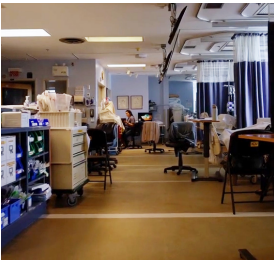




# GRACE HOSPITAL



## A GUIDE TO THE INTENSIVE CARE UNIT AT GRACE HOSPITAL



This booklet contains important information about what to expect during a stay in the intensive care unit (ICU).

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For more information about Grace Hospital, please ask for a copy of the Grace Hospital Patient & Family Guide.

For a digital copy, scan the QR Code provided.



The information in this book has been adapted from a number of sources – our thanks to all. References available upon request.

# QUESTIONS AND CONCERNS

**CRITICAL CARE (ICU)** support to unstable patients in critical condition with around-the-clock monitoring and care. Our staff understand that you may have many questions and are here to address them at any time.

**INTENSIVE CARE UNIT MAIN DESK PHONE NUMBER:  
(204) 837-0148**

**WE ARE OPEN 24/7, 365 DAYS A YEAR.**

Please call the Main Desk line at for information:

- About a specific patient admitted to ICU
- On where the ICU is located in Grace Hospital
- If you want to visit a patient in the ICU
- To set up a virtual visit, like Zoom or FaceTime
- With any questions or concerns

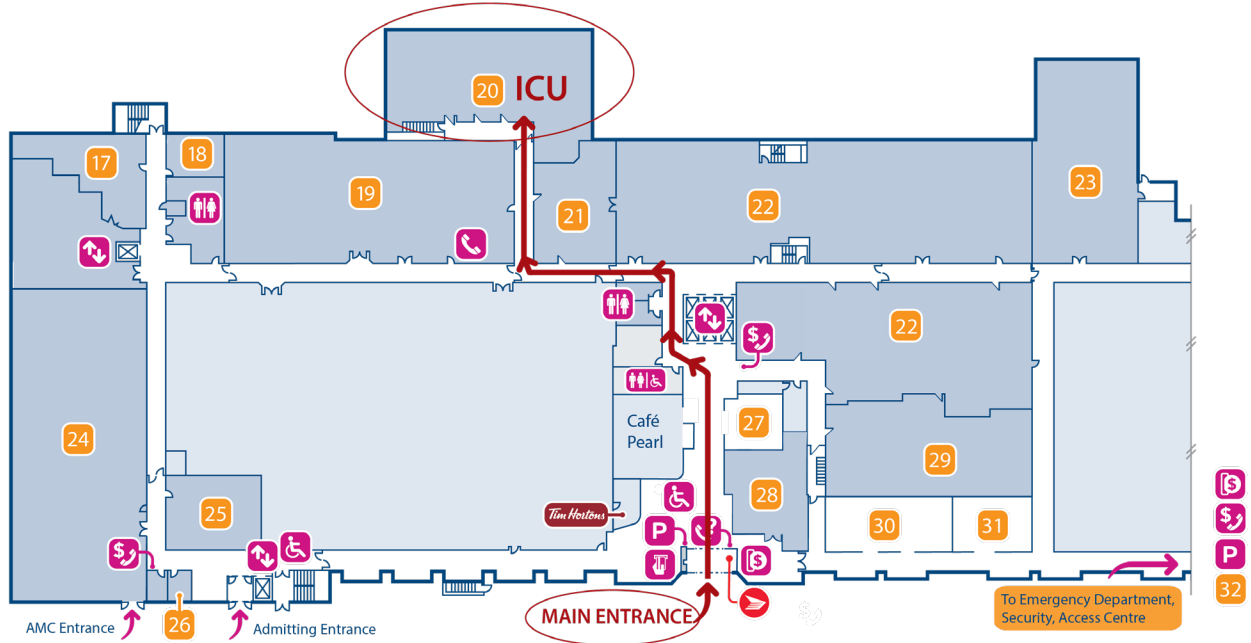
## LOCATION

If you are using the Main Entrance:

- Walk towards the elevators and make a slight left
- At the end of the hall, turn left
- Continue down the hall and take the first right
- Follow the signs on the walls and hanging from the ceiling - they are there to guide you safely to the ICU



# LOCATION



- Entrance
- Parking Pay Station
- Washrooms
- Wheelchairs
- Patient Inquiry Phone
- Public Phone
- Pay Phone
- Elevators
- Vending Machine
- ATM
- No Access
- Mailbox

- |                              |                                   |                              |             |
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# ICU ROUTINES: WHAT TO EXPECT

**SHIFT CHANGE HAPPENS TWICE EACH DAY, ONCE IN THE MORNING AND ONCE IN THE EVENING, BETWEEN 7:30 AM - 8:30 AM AND 7:30 PM - 8:30 PM.**

- Shift change is when the care team exchanges updates about patients' current status and their care plans. This will happen at the bedside.
- Nurses will meet and talk with the patient, perform full head to toe assessments, administer medications, and check the equipment.
- You are welcome to visit the ICU at this time, but the patient may be busy working with the care team during this time. Any non-urgent questions may need to wait until after shift change.

## **ICU DAILY ROUNDS BEGIN AROUND 9:00 AM**

The ICU team, consisting of doctors, charge nurses, primary nurses, pharmacists, respiratory therapists, dietitians, and other healthcare providers, meet every day to discuss each patient's treatment goals and care plan. This may happen at the patient's bedside or in a common ICU location.

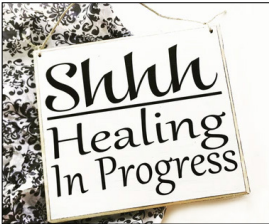
- Rounds can take **2-3 hours** as the team spends about **10-20 minutes** reviewing each patient's health status and care plan.
- **FAMILY CENTERED:** Partners in care are invited and encouraged to participate in the rounds discussions for their loved one. This is a great time to help in developing the care plan, share information, and ask questions you may have.

# ICU ROUTINES: WHAT TO EXPECT

- **ATTENDANCE:** While exact times cannot be scheduled, if you are able to come to the ICU and attend, please inform the bedside nurse and be available around 9:00 AM.
- You can join in person, by phone, or via videoconferencing (like FaceTime or Zoom). It can take as little as 5 minutes to set up a videoconferencing call, but if possible let us know ahead of time and we will guide you through the process.
- If you are unable to attend rounds but have questions for the team, speak to the bedside nurse and we can answer any questions, help arrange a conversation by phone, or help arrange a family meeting with the care team here at the ICU.

## QUIET TIME: 2:00 PM - 4:00 PM IN THE ICU

Rest is very important for healing. The ICU can be loud, with lots of people and activity, which can make it hard to rest.



To help our patients get the rest they need, **two hours every afternoon** are set aside for **quiet time**. During this time, the area is dark and quiet so patients can rest.

You are welcome to visit, but we ask that you keep the noise down to help our patients rest by avoiding playing loud music or videos, keeping conversations quiet, and respecting the privacy of other patients and their partners in care.

# PRIVACY: KEEPING INFORMATION SAFE

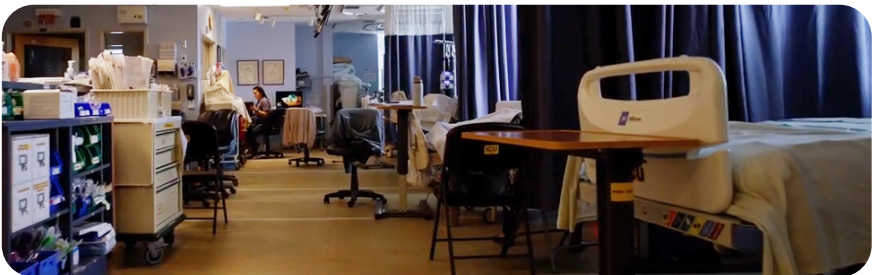
The ICU is an open space, and it can happen that you overhear information about other patients who are in the department. Please do not discuss patient health information with others and/or post what you see/hear on social media.

## **PHOTOGRAPHS, AUDIO AND VIDEO RECORDING ARE NOT ALLOWED.**

Manitoba has a law called The Personal Health Information Act (PHIA) that allows you to access your own personal health information with limited exceptions. PHIA also requires that we keep your information private, safe, and secure. Unless we are told not to, we can share general health status information and patient location to family, friends, and others upon request.

An individual has the right to determine how much of their health information is shared outside the care team, and with whom. If the patient is unable to express their wishes at the time, we will share specific information in accordance with PHIA (Personal Health Information Act) guidelines.

This may include sharing information with the emergency contact designated by the patient at the time of admission, or with a legally authorized representative, depending on the circumstances.



# COMMUNICATION

The nurse will spend the majority of their time at the patient's bedside. If the nurse is not available, please feel free to visit the Main Desk with any questions or concerns you may have.

The ICU team is happy to provide general updates to family members during calls or visits.

To help streamline communication, we kindly ask that you designate one or two care partners to act as spokespersons. These individuals will receive detailed information from the care team during rounds, call in for regular updates, or speak with the team during visits. They can then decide how best to share this information with the rest of the patient's loved ones.

If it's easier to communicate in another language, interpreter services are available in many languages. Simply ask the care team if you would like to use these services, and we can contact Manitoba Language Access Interpreter Services on your behalf. They can assist in arranging:

- In-person interpreters
- Phone interpretation
- Video Interpretation

Please don't hesitate to let us know - clear communication is important for your care and comfort.



# VISITING YOUR LOVED ONE

## PREPARING TO VISIT

All visitors must follow hand hygiene, personal protective equipment (PPE), and hospital policies.

### THE ICU IS A SCENT FREE ZONE

#### PLEASE AVOID WEARING ARTIFICIAL SCENTS.

**Abusive behavior towards staff, patients, and visitors is not permitted.** We are committed to provide quality care that respects the dignity of all individuals.

To enter the Intensive Care Unit (ICU), please use the phone mounted on the wall next to the ICU sliding doors. A staff member will answer the call, confirm the name of the patient you are here to visit, and open the door for you.



If the patient is unavailable at that time, you may be asked to wait in the ICU Waiting Room, located just outside the unit. We will come get you as soon as the patient is ready, but you're always welcome to call back in to check on the wait time.

Thank you for your patience—we will do our best to bring you in as soon as possible.

A maximum of **two visitors** are allowed at the bedside at any one time. This helps ensure that staff can provide safe and effective care. If more than two visitors arrive, we kindly ask that you take turns.

Additional visitors are welcome to wait in the **ICU Waiting**

# VISITING YOUR LOVED ONE



**Room** or in the **sitting area near the main entrance**. There are **no age restrictions** for visiting; however, we ask that children are **closely supervised at all times**.

In some situations, patients or their care partners may wish to limit visitation for privacy or safety reasons. These needs may change as the patient's condition evolves. If you have any concerns or specific requests about visitation, please speak with the bedside nurse.

If you'd like to have a **virtual visit** using FaceTime or Zoom, we have several iPads available that can be brought to the patient's bedside. Virtual visits are a quick and easy way to connect when in-person visits aren't possible. We're happy to help set up a virtual visit, which is quick and usually only takes a few minutes.

To arrange a virtual visit, please call the ICU Main Desk, and we'll be happy to help.

# HELPING THE PATIENT

## AS A PARTNER IN CARE, WHAT CAN I DO TO HELP?

You know your person well, and that knowledge can be so helpful in looking after them and making them feel comfortable and safe.

Tell us about them:

- How they prefer to communicate
- Their medical history
  - allergies
  - medications
  - supplements
- Use of recreational drugs and alcohol
- If they smoke
- Hearing aids and other medical devices
- Spiritual practices
  - how we can incorporate this into their care
- Any potential triggers or behavioral challenges
  - how best to support them
- How they live and their daily routine
  - exercise, hygiene, mental stimulation
- Their likes and dislikes
  - including food and nutrition preferences and needs



Bring items that are special to your loved one, such as:

- Music
- Photos
- Blanket and/or pillow
- Small stuffed animal



# HELPING THE PATIENT

Essential/Important items to bring include:

- Eyeglasses
- Hearing aids
- CPAP/BiPAP machine with mask and tubing
- Anything else they may need during their stay



Remember to **label all personal items.**

Patients and visitors are responsible for their own belongings and valuables. **Grace Hospital is not responsible for any lost, misplaced, or stolen items, and cannot reimburse or replace them.**

If a patient is unconscious, critically ill, or otherwise unable to manager their valuables, we may ask family members to **take these items home for safekeeping.** If it's not possible, items may be securely stored in the **Security Office.**

If you have any questions or concerns, please speak with the **bedside nurse.**

Personal items to leave at home:

- Items of sentimental value
- Irreplaceable documents
- Unnecessary cash or credit cards
- Plug-in appliances (alarm clocks, radios, laptop computers)

If your loved one is sedated (made sleepy or drowsy with medication), it may feel like you are talking to yourself when they don't answer back, but they can hear you, and a familiar voice can help your loved one feel safe. You can share a funny story or even read them a book or magazine. If they are awake but can't talk, encourage them to write notes if they are able.

## HELPING THE CARE TEAM

Sometimes family members are comforted by being more involved with care and it is often possible to provide some direct care to your loved one.

This might include:

- Brushing and braiding hair
- Helping with toothbrushing
- Massaging feet/hands
- Helping with range of motion physiotherapy

None of this is required of you, but let the bedside nurse know if you'd like to be more involved.

There may be times when you are asked to leave the bedside. This may be because there are medical procedures or to give your loved one privacy during a bath or personal care.



## HELPING YOURSELF



Having a loved one in the ICU is a stressful time and can come with a lot of uncertainty. It is normal to experience all sorts of feelings which may be negative and/or positive (ex. anxious, overwhelmed, sad, afraid, angry, relieved, depressed, calm, numb). You are not alone. There are those around you who want to help. Whether it's a close friend, family member, social worker, spiritual care provider, doctor, nurse, or volunteer, there are people you can talk to.

It is important to take time to take care of yourself, even though it can be easy to ignore. Remember to eat and nourish your body, even if you don't feel hungry. Exercise, even just walking around, can also be helpful. Looking after your loved one can be exhausting, so please make sure to make time to rest and sleep. It can be difficult to leave the hospital while your loved one is in ICU, but the health care team is caring for your loved one, even at night. Making time to take care of yourself will help manage the stress of the situation and keep you well while you care for your loved one.

It's okay not to visit every day – you're allowed to take a break. If you go home, you can still call in to the ICU main desk and ask how things are going at any time.

# INFECTION PREVENTION

Having clean hands is the most important way to prevent the spread of germs. This includes using soap and water or alcohol-based hand rub (ABHR). This is important for not only healthcare providers, but everyone including family and visitors in the ICU. Patients in the ICU are very ill and more sensitive to outside illness.

## **DON'T VISIT WHEN YOU ARE SICK.**



We will ask you to wash your hands when you come in the ICU, and again before you leave the ICU. If additional hand-washing or other procedures are needed, we will let you know.

You may be asked to wear personal protective equipment (PPE) to prevent the spread of infection. When your loved one is on Infection Control Precautions (also called Additional Precautions), staff will wear masks, gloves, and gowns, and do special cleaning to keep you and other patients safe.

In these cases, you may also be asked to wear PPE when visiting your loved one. The care team will show you where to get the PPE and can help you with the process of putting it on and safely taking it off at the end of your visit.

# INFECTION PREVENTION

These precautions help stop germs from spreading to others, including patients, visitors, and staff.

## **ADDITIONAL PRECAUTION SIGNS**

You may see an Additional Precaution sign on the door or curtain at your bedside. This means that you, and anyone with you, may need to wear masks, gowns, and/or gloves. The sign will tell us what specific personal protective equipment (PPE) we need to wear.

If you have any questions about PPE or why you need to wear it, please ask the bedside nurse.

PPE can reduce the spread of germs to and from your family, friends, co-workers and PRCs.



**GLOVES** protect your hands from contact with germs.



**LONG-SLEEVED GOWNS** protect your skin and clothing from contact with germs.



**MASKS** protect your nose and mouth from germs, and protect PRCs from your germs.















**EYE PROTECTION** protects your eyes from germs.


# INFECTION PREVENTION



**STAFF**  Perform Hand Hygiene. In addition to Routine Practices (check all that apply):

<input type="checkbox"/> <b>Contact Precautions</b>	<input type="checkbox"/> <b>Droplet Precautions</b>	<input type="checkbox"/> Airborne Precautions <input type="checkbox"/> Airborne Precautions for AGMPs until _____ am/pm on _____ date
 Gown   Gloves   Clean & Disinfect equipment after use   Medically Essential Transport only	 Mask protection   Eye protection   Clean & Disinfect equipment after use   Medically Essential Transport only	 N95 respirator   Keep door closed (AIIR* preferred)   Clean & Disinfect equipment after use   Medically Essential Transport only

 Immune persons only

 Increased cleaning & disinfection frequency (minimum of two times a day)

Special Instructions:

# ICU EQUIPMENT

## **Your loved one may look very different while in the ICU.**

Critically ill patients often get very swollen, including their face and eyes. This is not permanent.

Being in the ICU can feel overwhelming. There is a lot of people, equipment and noise.

**Most alarms are not an emergency.** The ICU can be loud because most of our equipment have alarms that help us know quickly if something needs attention. Sometimes, the alarms may go off if a patient moves, coughs, or gets up. Staff will respond quickly to all alarms to check if there is a problem or not.

Here are some of the types of equipment staff may use to help with your care:



**Cardiac Monitor.** Necessary to check vital signs including heart rate, heart rhythm, blood pressure, breathing, and oxygen levels.



**Tubes and Drains.** Intravenous (IV) tubes deliver fluids, food, and medications directly into the body. An electronic pump measures and gives what's needed.

There are often tubes in the nose or mouth for feeding or drainage, as well as in the bladder and bowel to measure and remove urine and stool. Other drains might be present, especially if your loved one had surgery.

# ICU EQUIPMENT



## **Breathing machines.**

Patients on a breathing machine (ventilator) will have a breathing tube passing down their throat into their lungs. While the tube is in place, they can't talk, eat, or drink. As illness improves, we slowly turn down the ventilator until the patient is ready to breathe on their own.

When the breathing tube is taken out, it is common to cough a lot and to have a sore throat or weak voice. Coughing is a healthy way to clear mucous. Patients will be encouraged to cough and deep-breathe frequently.

A Bipap machine, where a tight mask is placed over the face to seal around the mouth and nose, is another type of breathing machine. This doesn't require a breathing tube down the patient's throat, but will help push air into the lungs and provide extra oxygen. It can make it difficult to talk and be understood.



# WHO'S ON MY HEALTHCARE TEAM?

A team of professionals work together to provide care and offer support to the patient and their care partners.

## DOCTORS

The Attending Physician is responsible for coordinating the care for all patients inside the ICU, and they rotate each week with a new one starting each Monday. Several doctors, working together as a team, will provide care to your loved one throughout the day and night. There are doctors in the ICU during the day and all through the night. They check on each patient several times each day, with the team, to decide on a treatment plan, order tests, and follow up on how patients are doing.



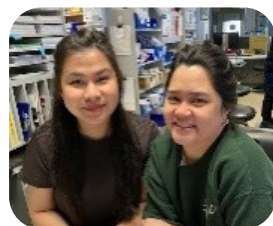
## NURSES

Nurses will typically look after only one, or at most two, patients at a time. The nurse is responsible for providing patient care and, in the early stages, will spend most of their time at the bedside.



## HEALTH CARE AIDES

Working with and supporting other health professionals, Health Care Aides help provide personal care, like bathing, helping with the bathroom, or getting to a chair.



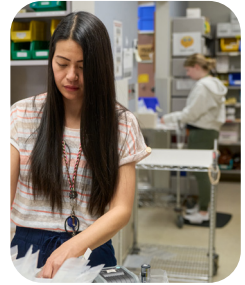
## RESPIRATORY THERAPIST

These are specialists in breathing and oxygen. They set up and monitor the breathing machines, and provide breathing treatments when needed.

# WHO'S ON MY HEALTHCARE TEAM?

## PHARMACISTS

The Pharmacist is an information resource to the team, and ensures that medications are available and monitored properly. They help the doctors with medication orders, and may confirm what medications you took at home before you came in, and help you to understand your discharge medications.



## EXTENDED HEALTHCARE TEAM INCLUDES: INDIGENOUS HEALTH SERVICES



Indigenous Health workers help create a culturally safe environment, assisting First

Nations, Inuit, and Métis communities. They can assist both the patient and loved ones if you need a patient advocate, want ceremonies or traditional medicines, you speak an Indigenous language, or need extra support.

Indigenous Health Centralized support is available from 8:00 AM to 6:00 PM, 7 days a week. You can call them directly at 1-877-940-8880 (or toll-free 1-877-840-8880), or ask for help to contact them.

## PHYSIOTHERAPISTS

Physiotherapists help prevent patients from getting weaker during their stay and help patients regain strength as they improve. Mobilization (example, getting up to a chair) is extremely important for recovery, even while using breathing and IV equipment.



## WHO'S ON MY HEALTH CARE TEAM?

There are many other members of the ICU team that you may never see, but that work in the background:

**DIETITIANS** work to make sure patients have the correct amount of nutrients and energy needed to heal.

**SPEECH LANGUAGE PATHOLOGISTS** can help with swallowing and communicating.

A **SOCIAL WORKER** can provide practical and emotional support, helping with things like community resources, financial concerns and legal matters.

**SPIRITUAL HEALTH PRACTITIONERS** provide compassionate listening and cultural care to people from all backgrounds, all faiths or no faith, respecting all values and beliefs.

**OCCUPATIONAL HEALTH THERAPISTS** help patients regain or develop the skills they need for daily activities and independence after illness, injury, or changes in health.

**REHABILITATION ASSISTANTS** support physical therapists by helping patients carry out exercises and activities to improve their physical function and recovery.



# ADDITIONAL HELP

Speak with a member of your health care team. We're here to help! If we can't answer your question, we'll connect you with the person who can.

## **ASK TO SPEAK WITH THE CLINICAL MANAGER.**

You can reach the ICU Clinical Manager at 204-837-0525. They'll be able to help you with any information that your health care team cannot provide.

On evenings, nights, and weekends, ask for the Facility Patient Care Manager.

**SPEAK WITH THE PATIENT RELATION OFFICER** for issues that cannot be resolved by the Clinical Manager. The Patient Relations Officer can be reached by calling 204-837-0318.



## RESOURCES AND SUPPORT

If you would like additional support, there are several options:

- Anxiety Disorders Association of Manitoba (ADAM)
  - 1-800-805-8885, online at <https://adam.mb.ca/>
- Manitoba Psychological Society
  - <https://mps.ca/find-psychologist/>
- Online resource/support for grief and loss
  - <http://www.mygrief.ca>
- Health Links - Info Santé
  - Nurse call centre 24 hours a day, 7 days a week.
  - Call (204) 788-8200 or toll-free 1-888-315-9257.
- Speak to your family doctor

If your thoughts or emotions become unbearable, you feel unable to care for yourself or others who rely on you, or have thoughts of hurting yourself or someone else, you need to access crisis support. Please call:

- Clinic Crisis Line: (204) 786-8686 or 1-888-322-3019
- Mobile Crisis Service: (204) 940-1781
- Manitoba Suicide & Prevention Support Line available 24/7
  - 1-877-435-7170 (1-877-HELP170)
- Kids Help Phone
  - 1-800-668-6868, online at [kidshelphone.ca](http://kidshelphone.ca)
- Manitoba Farm, Rural & Northern Support Services
  - 1-866-367-3276, online at [www.supportline.ca](http://www.supportline.ca)
- First Nations and Inuit Hope for Wellness Helpline
  - 1-855-242-3310, online at [hopeforwellness.ca](http://hopeforwellness.ca)

## WHAT'S NEXT

Everyone's time in the ICU is different, and updates about recovery and discharge will be given throughout the stay. There's a lot of information shared, and it's okay if you don't remember everything.

**PLEASE FEEL FREE TO ASK ANY QUESTIONS AT ANY TIME.**

## A FEW FINAL WORDS

*Being in the ICU can be incredibly stressful and overwhelming.*

*We are glad to be part of your care journey, and we're here to answer any questions or listen to any suggestions you may have.*

*We hope that this information has been helpful.*

*Thank you for letting us take care of you and your loved one.*

*The ICU Staff*

*August 2025*

# SUPPORT GRACE HOSPITAL

Established in 1990, Grace Hospital Foundation is a not-for-profit organization dedicated to enhancing patient care through the funding of vital equipment and programs.

## TOGETHER, WE CAN MAKE A DIFFERENCE.

**MAKE A DONATION.** Your contribution will directly impact patient care and help ensure that Grace Hospital has the resources needed to provide top-notch medical treatment.

**PARTICIPATE IN FUNDRAISING EVENTS.** Join us at one of our community events or fundraisers to show your support and help raise awareness and funds for the hospital.

**SPREAD THE WORD.** Help us reach more people by sharing information about Grace Hospital Foundation with your friends, family, and colleagues. The more people who know about our cause, the more support we can gather.

**PARTNER WITH US.** If you are a business or organization looking to make a difference in your community, consider partnering with Grace Hospital Foundation. There are various opportunities for corporate sponsorships that can benefit both your organization and the hospital.

For more information or to make a donation, please visit [gracehospitalfoundation.ca](http://gracehospitalfoundation.ca) or call 204-837-0375.







## GRACE HOSPITAL

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