Welcome to the Shock Trauma (STU) and Surgical ICUs. We want your stay to be as safe and comfortable as possible. Please help your family members follow these guidelines.

This is the region's best equipped and busiest Level I trauma center and cares for patients in 13 counties. There are only 16 trauma centers in Georgia but we need at least 30. We have had a recent addition of a helicopter transport so that we can aid in serving beyond the 13 counties. The trauma center coordinates care for more than 1,500 trauma victims each year. Head, spinal, pelvis, and neck injuries are some of the injuries that are seen in this unit. This ICU has twelve beds and has a specialized staff that is trained and highly competent, and very compassionate. The nurses usually have 1-2 patients and the patients have 24 hour care. Everything possible is done to ensure the best outcome for our trauma victims and you.

Partner with us to protect your family’s health. Ask your medical provider to wash or sanitize their hands. Be sure and wash your family’s hands while visiting with us. Make sure to wash your hands before entering your loved one’s ICU room and upon leaving as well. Keeping your hands clean is one of the best ways to keep from getting sick and spreading illnesses and it doesn’t take much time or effort.

ICU Guidelines

1. Please wash your hands before and after every visit.
2. Please limit visitors to two at a time.
3. To ensure patient confidentiality, we ask that visiting be withheld during shift change which occurs from 7 am-8 am and 7 pm-8 pm.
4. For health reasons, please do not give patients any outside food items without speaking with the nursing staff.
5. Visitors should not eat or drink in the patient’s room.
6. Patients are allowed one personal bag in room. Family and visitor items or belongings should not be kept in ICU rooms.
7. All personal calls should be made outside the ICU to respect patients’ privacy.
8. Please remain inside your loved one’s room while visiting to ensure other patients’ privacy.
   Hallways should be kept clear at all times.
9. You may be asked to leave the ICU during emergencies and surgical procedures.
Why Does My Loved One Look That Way?

Intensive care patients require a large number of blood tests. Even when the lab tests are drawn correctly, bruising may occur. Many critical illnesses make a person prone to bruising. Bruising may occur because the illness makes it difficult for blood to clot. Patients with liver problems, infections, or poor nutrition bruise easily. The elderly, people who have been on blood thinners, or those who drink alcohol regularly at home are also at high risk for bruising. The face may have bruising and swelling after a head injury or brain surgery.

In some critical illnesses, the body may ooze straw-colored fluid out of the puncture sites from lab draws and from any break or tear in the skin. The oozing is a result of the swelling (the accumulation of fluid in the tissues). The straw-colored fluid is plasma that has been pushed or leaked into the tissues from bed rest, ventilator breathing, liver failure, heart failure, or poor nutrition.

Skin tears happen when bandages and tapes are removed from the skin. The nurse will use the gentlest tape/bandage available that will still stick to the skin. Bandages are necessary over wounds as well as to keep the intravenous lines and other tubes in place. Skin tears are unavoidable in people who have taken steroids, have a history of smoking, or have poor nutrition. The frail elderly are also at high risk of skin tearing.

If the patient has a tube inserted in the mouth, he or she may have his or her hands tied down. Although all attempts are made to avoid this restraint, it sometimes is vital to ensure that the tube is not pulled out.

At times there appears to be a lot of mucus and even blood around the tubes. The nurse will gently clean around these areas, but sometimes some blood will remain. The face may be very swollen. This is not uncommon in the ICU, and should resolve as the patient recovers.

Sometimes, small pockets are made under the skin to hold internal monitors like permanent pacemakers, automatic defibrillators, or other devices.

Occasionally, an opening is made in the wall of the stomach to allow evacuation of urine or bowel movement. This is referred to as the ileostomy or colostomy. These openings may be temporary or permanent, depending on the reason for the opening.

If the patient has a broken leg or hip, weights may be applied to keep the bones straight. This traction will prevent moving without assistance.

Frequently, the inability to move, the assisted breathing, the critical illness, and the treatments for blood pressure may cause swelling or edema. There is little that can be done to prevent the swelling. The nurses may try to decrease the effect by keeping the head of the bed slightly raised and the hands elevated on pillows. Rings may need to be removed to protect the blood flow to the fingertips. The eyes may also swell, and the inside lining of the eyelid may stick out with the swelling.
Why Does My Loved One Act That Way?
The patient may awaken and feel confused about where he or she is and what has happened. He or she may also be anxious or in pain.

To reduce anxiety and pain, sedation (calming) and pain medication (analgesia) may be needed. Sedatives relax and calm the patient, causing sleep and possibly amnesia. Analgesics significantly diminish the pain. While sedated it may be difficult for the patient to think clearly.

Sedatives may be needed to prevent fighting against the breathing machine, the catheters, and even the nurses. This is very common in the intensive care unit. The fear that occurs in critical illness may be treated with sedatives. Calm, reassuring talk is always helpful.

Sometimes the medication that the patient receives may change his or her perception of what is happening. He or she may seem angry, combative, hostile, or just different. It is important that you relay to the nurse and doctor the difference in the patient’s personality, so a decision can be made about whether the medicine should be changed or if this change is unrelated to the medication.

The patient may act in ways that surprise and distress you. This may be a result of fear, frustration, or actual chemical changes in the body. Sometimes people say and do things that they would not ordinarily do. Usually this behavior will resolve as the condition improves.

Why Doesn’t My Loved One Talk to Me?
There are many different reasons why a critically ill person may not speak. One reason may be that the breathing tube is passed through the vocal cords and prevents speech. When artificial breathing is used, relaxing medicine (sedation) is also necessary. In order to reduce anxiety and pain, your health care team will use sedation and pain medication (analgesia) to help them. Sedatives relax the patient, make them sleep, and will promote amnesia. Analgesics significantly diminish the pain. When the patient is sedated and has been give pain medication, he or she may have difficulty waking up, or when he or she does, may appear disoriented. Sometimes the amount of sedation needed to allow the assisted breathing to take place makes the person appear to be in a coma (will not awaken).

In a person who has been brain injured either by stroke or trauma, the ability to speak or stay awake may have been affected. This is common in the first few days after these injuries. The health care team will have to determine whether it is likely that the brain will heal. In most cases of stroke or brain injury, it takes at least 7 days for the doctor to make an evaluation of potential recovery.

Sometimes fluids, chemicals, and toxins in the blood will make a person sleepy, disoriented, hostile, combative, or even unasrousable (comatose). Nutrition, fluids, electrolytes, dialysis, and other therapies may be ordered in order to regulate the blood.

While any person is not talking or is in a deep sleep it is important to keep speaking to them. You can help by talking in soothing tones, telling stories, and supplying them with normal information to keep the brain active, yet calm. The voice of someone they know is helpful in most cases.
To Be Strong for Your Loved One in the ICU, You Must First Take Care of Yourself

Self-care
As a family member or a significant person in a patient’s life, you may experience feelings of helplessness or loss of control when a loved one is in the intensive care unit. This brochure is designed to provide strategies to help you cope with visiting someone who has a prolonged critical illness. It is difficult to wait without action, but you can do something: You can first take care of yourself.
You are as important to the healing process as the physicians, nurses, medications, and treatments. You have been a part of the patient’s life journey long before, and will be long after, this hospitalization.

We now realize what a strong influence positive reinforcement and encouragement from close friends and family have on the healing process. We are learning more and more about the benefits of family involvement in the delivery of patient care. Because of this, your well being is important to your loved one and us. The following recommendations are designed to provide you with strategies that will help you take care of yourself during this difficult time.

Take Care of Yourself
Proper food and sleep will enhance your ability to listen and understand the significant information you will be given. Stressful situations in addition to staying awake all night, every night, will eventually wear on you, and can make you prone to illness. Try to eat healthy foods regularly. Whenever possible, get up and walk around. Exercise is very important to maintaining emotional health. Do not feel you have to be available every moment. A trained medical team is caring for your loved one. The patients are closely monitored even though there are not care providers directly in the patient’s room at all times. Remember your loved one needs all the strength you can give.

Gathering Support
An important measure in taking care of yourself is to gather support from family and friends. If other friends or family come to visit, take that opportunity for a little time to refresh yourself. Structure time away from the hospital by asking a friend or family member to take over for a few hours. Make a rotational system if there are many people available to help. Make a rotational system if there are many people available to help. Remember that the time in the ICU may be the beginning of a longer recovery where your strength will be needed as well. If family members from out of town offer to visit, encourage and welcome their support. The nurses and doctors take breaks during their shift because the continual light and noise are draining. You should be taking regular breaks from the constant sensory input as well. When someone asks, “What can we do for you, we’re here to help,” give yourself permission to ask for help. A critical illness in the family is truly the time to muster support from those who care. Identify a Family Spokesperson

The role of this person will be to contact all the friends and relatives who need to be reached each day to provide them with an update on the patient’s condition. We know that access to information is one of the most significant needs of families of ICU patients. It is recommended that the spokesperson not have the primary relationship to the patient (spouse, parent of a child, significant other). Having someone else serve as family spokesperson relieves him or her of the responsibility to follow through with this most important task. Having a family spokesperson also eliminates frequent calls into the ICU which can pull the nurse away from the patient’s bedside.
Support at Home
As you spend many hours in the intensive care unit supporting your loved one, matters may go unattended at home. Make sure you delegate someone to pick up your newspaper and mail. If someone offers to cook or clean for you, take them up on it! Ask someone you trust to make sure all your bills are being paid. And most importantly, make sure your child care is in order.

Prepare Yourself Daily
Prepare yourself for setbacks. Most patients in the ICU are on a roller coaster ride. Some days are good and some are bad. Concentrate on the steps taken forward and view the steps backward as hurdles that can be overcome. Try not to become discouraged. Like the patient, it is also normal for family and friends to have both good and bad days.

Purchase a Notebook
Divide it into 3 separate areas. On the first page of the notebook place the name of the intensivist, the physicians, the social worker, and any other care provider that is involved with the care of your loved one. On the second page place all the phone numbers of the various people you would like to contact each day. Don’t forget to include work and school colleagues.

In the second section write down your questions. Anytime you think of something you are concerned about, even if you don’t think it is important, write it down. As you continue through your process of waiting, you may forget what you were told, or how you were supposed to follow up on the information you received. You may need to have information repeated several times before you understand it. This is normal. Don’t be afraid to ask for clarification.

In the third section start a journal. Some family members have found keeping a daily journal of events, in and out of the hospital, to be very healing. It can also provide you with encouragement as you see small improvements over time.

Be Positive!
Keep your faith and your hope strong, making sure that everybody is encouraging and hopeful while with your loved one. If your loved one is not alert, always begin your visit with your name. “Hi, it’s ____.” Talk to your loved one and tell them what is going on. Even if your loved one Read cards that have been sent. All these things can help with their recovery.

Hospital Resources
A social worker or chaplin can assist you while your loved one is in the intensive care unit. They can help you obtain resources for financial assistance and verifying credit. They can also give you grief counseling or spiritual support for your family or the patient. Do not hesitate to ask your nurse to contact them or request various resources.

Trauma Support Group meets on the third Wednesday of every month from noon-1 p.m. in 3rd floor conference room. If you feel you need chaplain services, please let your nurse know and they will arrange that for you.
Care Pages

CarePages are private personalized Web pages provided to you as a free service by MCGHealth.

CarePages help you:
- Receive support from friends and family. Visitors to your CarePage send you messages of encouragement, giving hope and strength even in the most difficult situations.
- Update friends and family at the same time without repeated phone calls. Your CarePage keeps everyone in the loop. You spend less time on the phone.
- Control the flow of information. You share news at a time that is right for you. Friends and family call less often since they’re automatically e-mailed when you post a new update.
- Keep in touch before, during and after hospitalization. CarePages do not have an expiration date. Your CarePage works for you as long as you want it to.

CarePages are private and fully secure. They are password protected and comply with all patient privacy regulations. To access CarePages, go to MCGHealth.org and click on the CarePages logo.

Guidelines for the Commons (waiting areas)

1. Two loved ones may stay overnight in the commons area.
2. Public safety will make rounds during the night time hours. After 9 pm, loved ones staying in the waiting areas, the Commons, will be given a badge from the staff for ID purposes.
3. Before bringing anyone under the age of 12 to visit, please see nursing staff.
4. To ensure space for all families in the Commons area, please limit personal bags to one per person.
5. Please keep your valuables with you at all times. MCG Health is not responsible for lost and/or stolen items.
6. To keep the area clean and fresh, waiting rooms will be cleaned between 9 am and 10 am daily. Please remove your personal items during this time.
7. To avoid attracting insects, no perishable food items should be left out in the Commons over night.
8. Pets are not allowed in the Commons, the only animals that should be in the hospital are service animals.