



## **Intensive Care Unit**

The Christian Hospital Quakenbrück has a huge care area with 27 beds. In addition to the interdisciplinary intensive Care Unit, a monitoring unit for stroke patients (Stroke Unit) and heart attack patients (Chest-Pain Unit) are integrated in this area.

This information is addressed to all family members in the Intensive Care Unit. Often existing uncertainties, which we would like to take from you, also the most important questions are answered.

### **Information for family members**

Family members are often confused when their family member(patient) needs to be in an intensive care unit. However, staying in an intensive care unit does not necessarily mean that the patient is currently in a life-threatening condition. It is also often a question of detecting or preventing complications at an early stage. If you have any questions, problems or complaints, please contact us. For the best possible care of patients, a good basis of trust between patient, family members and employees is very important to us. Our pastoral workers are also available on request to patients and their family members in our Intensive Unit. We wish you a lot of strength in this difficulty life situation and we will do our best every day to provide the patients entrusted to us with optimal medical and nursing therapy.

### **Care and monitoring in the intensive care unit**

Our team of doctors, nurses, physiotherapists, occupational therapists and speech therapists looks after patients as intensively as possible and necessary for the latest medical, nursing and therapeutic findings. We are supported by medical devices that seems to be irritating at first glance. However, these are necessary for optimal care and monitoring of the patient and you do not need to worry. It is important to know that not every alarm tone requires immediate action. We want to take as a team the fear of contact despite the special situation and convey as much normality as possible. Talk to us with pleasure.



## **Overview of the Intensive Unit**

### **Station 11: Stroke Unit / Chest-Pain Unit**

Phone area nurse

07:00h - 22:00h:

Room 222-223: 15-4103

Room 224-225: 15-4104

Room 226-227: 15-4105

Room 228-229: 15-4106

22:00-08:00h:

Tel.: 05431/15 - 4777

### **Station 12: Interdisciplinary Intensive Care Unit**

Phone area nurse

07:00 - 22:00h:

Room 231: 15-3401

Room 232: 15-3402

Room 233-234: 15-3403

Room 235: 15-3318

Room 236: 15-3630

22: 00-08:00h:

Tel.: 05431/15 - 3620

### **Nursing Care Intensive Unit**

Weekdays 07:30 - 15:30h

Tel.: 05431/15 – 3650



## Good to know from A - Z

**How do I behave properly as a relative when visiting an intensive care unit? What can I bring to the patient? Can I talk to the patient even if he or she is not conscious? The many hoses and devices scare me - what are they for? Is every alarm sound equally dangerous?**

### Information

Information about the course of treatment of your family member (patient), you will receive only by the doctor. It is helpful to have a **contact person** for the doctor and nurses within the family, who will then inform the other family members. This avoids misunderstandings and makes it easier to ensure that the only information that the patient agrees with is shared.

**Personal information:** The nursing staff will be pleased to inform you about the nursing measures. If you wish a personal consultation with a doctor, a nursing staff will make contact for you. Please understand, if medical consultation is not possible at any time.

**Telephone information:** Please understand that for reasons of data protection law we can only provide limited information by telephone. In this case, the responsible nurse will arrange with you with a secure password.

### Artificial respiration

If the patient is not breathing adequately, he receives mechanical support to provide the blood with enough oxygen. For this purpose, a breathing tube (tube) is inserted through the mouth or nose into the trachea and connected to a respirator. Since ventilated patients can not sufficiently cough up, the bronchial secretions must be aspirated from time to time. Please note that the patient can not speak while he is being ventilated.

### Visits

In our intensive care unit we have flexible visiting hours for exclusively close family members. However, many nursing and therapy activities are focused on the morning, so we recommend visiting patients between 2:00 and 6:00 pm. We ask for your understanding that waiting times and interruptions are not always avoidable. Individual agreements with the responsible nurse are of course possible at any time. In the interest of your relative and other patients, we ask you to make arrangements within the family so that as a rule no more than two visitors come at the same time. We strive to protect the privacy of patients in the best possible way. That's why we ask you to stay in the room. Nevertheless, it may be possible that in the room nursing or diagnostic measures on the patient or fellow patient must be performed. During this period we



would ask you shortly. In order for that yours family member (patient) get the rest necessary for the healing process and out of consideration for other patients, the number of visitors per patient is limited to two people. Children are also welcome to visit but should be prepared for the particular situation. Our team will gladly advise you in this regard.

*Thank you for your understanding.*

## **Enter the Intensive Unit**

The intensive unit is preceded by a waiting room. Via an intercom system you can contact us and register your visit. On your first visit you will be picked up there and accompanied to your relative. For hygienic reasons it is necessary that you disinfect your hands before entering Intensive Unit.

If you have a cold or an infectious disease, rethink the visit and report your condition to our nurses.

If in a patient certain diseases, such. As infections, isolation is necessary. We discuss with you the particularities that occur on you.

In order to minimize disturbances to our other patients, we kindly ask you for a reasonable loud talking.

## **Documents**

For finding therapy and individual treatment, it is helpful if you send us documents such as patinet wills, health authorities or care documents as quickly as possible.

## **Drains**

Depending on the type of operation, drainage is necessary. They are used for the drainage of wound secretions and are connected to suction pumps or bags. The urine is discharged via a catheter.

## **Nutrition**

Depending on the type of illness, it may be that a patient can not eat and drink independently. The infusion solutions and medicines produced for this purpose are administered via special pumps, which guarantee a highly accurate supply. We give fluids via central venous catheters or via feeding tube. Especially patients with a stroke often suffer from swallowing disorders. Ingestion of fluids and food can cause severe pneumonia that greatly affects the healing process. Therefore, it is important to consult with the nursing staff to see if the patient is allowed to eat and drink.

## **Souvenirs**



For reasons of hygiene, flowers in the intensive unit are not allowed. Food and drinks should only be brought in after consultation with the nurses.

## Monitoring

The standard monitoring of intensive care patients includes the ECG: electrodes are placed on the patient's chest. The electrodes transmit the cardiac currents to a monitor over the bed. So we can immediately identify changes in the heartbeat. These are shown in the color green.

A continuous blood pressure measurement takes place via a cannula, which is usually located in the wrist or inguinal artery. This can be seen in red on the monitor. If the blood pressure is not measured via such a cannula in the vascular system, the patient wears a manual blood pressure cuff around the upper arm. The blood pressure is displayed in white on the monitor under NBP. Through a clip on the finger or the ear (pulse oximetry), the oxygen saturation of the blood is continuously monitored and is also displayed in the color white under SPO2. All values are displayed on the monitor at a glance. If the set limits are exceeded, the device gives an immediate alarm. But do not worry, not every acoustic signal requires immediate action. Even when not present to the nursing staff in the patient room, the alarm signals are forwarded to the nursing home, there acoustically / visually perceived and processed the importance of.

## Personal items

If your family member (patient) needs personal items while in the intensive care unit, please contact the nurse. Unfortunately, large items of luggage and bags can not be stored in the intensive care units. We look forward to personal care items (fragrances, shaving utensils, lotion) of the patient in order to be able to perform the body care according to the wishes and individual habits. Towels and washcloths are provided by us. A dressing gown and slippers or socks should be brought as soon as the patient is mobilized.

Valuables of the patient should be taken home as a relative. To do this, please inform the nurse in order to exclude an erroneous loss.

## Restlessness and confusion

With a serious illness or by different medicines, confusion states as well as orientation disturbances can occur to place, time and partly also to own person. Most patients have a marked memory gap at this stage. The staff of the Intensive Unit will advise you in the best possible way and is always at your side.

## Behavior on the bed



Personal attention from loved ones is important to patients. Even if your loved one is being ventilated and may have had to be put into an artificial deep sleep, his sensory organs are not necessarily completely switched off. We know from patients that subconsciously familiar voices and touches can be perceived.

Therefore, talk to your relative - preferably about pleasant or everyday things. Do not necessarily expect a reaction. Hold your loved one's hand. You do not need to be afraid of contact. The nursing caregiver can show you how to approach the patient without disturbing medical devices or monitoring equipment.

## **Transfer**

Whether a patient can be transferred is usually decided during the visit. Relocations usually take place in the morning. Short-term transfers, ex. due to the inclusion of emergencies, can also be done at other period times of the day.

## **Let yourself be heard**

**We would like to know how you and your family were treated after our stay at our station.**

**We hope we could give you some help with this flyer.**

## **Contact:**

Department Head Nursing Intensive Unit

Michael Puncak

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<https://www.ckq-gmbh.de/patienten-besucher/patienteninfo/anregungen-und-kritikpatientenfuersprecher.html>