

## The Intensive Care Unit

Admission to an intensive care unit does not necessarily mean that your relative's condition is life-threatening. Frequently it is about detecting complications early on and/or preventing them.

Patient care includes supervision, nursing and treatment. A therapeutic team of doctors, nursing staff, physiotherapists and speech therapists looks after patients day and night - offering a level of care that is as intensive as necessary. To do so, they rely on technical devices.

At first glance, the many medical devices are frequently irritating. They are, however, necessary to ensure that the patient receives the best possible care and supervision.

### Monitoring

One of the main devices used to monitor ICU patients is the ECG. It involves gluing electrodes to the patient's chest that transmit the cardiac currents to a monitor above the bed. This way, any changes of heartbeat can be detected immediately.

The continuous monitoring of blood pressure is ensured by a cannula needle that, in most cases, is inserted in the wrist or groin artery.

A clip on the finger or the ear (pulse oxymetry) is used for the continuous and non-invasive monitoring of the oxygen saturation of the blood.

The monitor allows people to see all parameters at a glance. As soon as any of the set limits is exceeded, an alarm is triggered.

### Artificial respiration

If the patient does not breathe sufficiently, he receives mechanical support to ensure that his blood is supplied with enough oxygen. For this purpose a respiration tube is inserted in the windpipe and connected to a breathing device. Since patients receiving artificial respiration cannot cough to expel mucous secretions, the bronchial secretions need to be sucked off from time to time.

Please be aware that the patient cannot speak while he is connected to a breathing tube.

### Nutrition

As long as a patient cannot feed himself, artificial feeding must be provided. The infusion solutions and drugs developed for this purpose are administered via special pumps that ensure exact levels of supply. The patient is fed a high-calorie formula via a stomach tube. The fluids are administered via central venous catheters or a feeding tube.

### Drainage

Depending on the type of surgery performed, various drainage systems - connected to suction pumps or bags - are necessary to ensure that the wound secretions can be removed.

Urine is removed via a catheter that is inserted in the bladder either via the urethra or through the abdominal wall.

Depending on the situation, additional therapies and devices may become necessary.

## Intensive Care Unit for Toxicology U2a of the Department for Clinical Toxicology

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You can call us between  
10:30 am and 11:30 am

RN no. \_\_\_\_\_ / \_\_\_\_\_



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## Information for relatives

### Intensive Care Unit for Toxicology U2a

MTX\_Flyer Intensivstation U2a en\_170324

- 1 Kiosk
- 2 Cafeteria
- 3 Cash machine
- 4 Patient admission
- 5 Telephone booth  
Stamp vending machine  
Cash desk



## We are there for you!

We hope that this flyer answers some of your questions. Naturally we are at your disposal should you require more details.

After all, you, the relative, make an important contribution to the recovery of the patient.

If you have questions, problems or complaints, please contact us.

Our pastors too are available to patients and their relatives whenever they need their support.

Wishing you strength and courage in this critical life situation.

Your nursing team at the U2a Intensive Care Unit for Toxicology



## Information for relatives

### Dear visitors, welcome to our unit!

Most people visiting a member of their family in an Intensive Care Unit find the experience unner-ving.

In order to offer our patients the best possible care, we believe that a good basis of trust between the patient, his family and our team is of the utmost importance.

We have produced this flyer to inform you about this unit and to offer you assistance in this situa-tion.



## General information

The purpose of the Intensive Care Unit is to offer medical and nursing care as well as supervision for seriously ill people. The U2a Intensive Care Unit for Toxicology has five ICU beds. Specially trained nurses, therapists and doctors ensure expert care around the clock.

### Visits

At our Intensive Care Unit we offer **flexible visiting hours**.

Many nursing and therapeutic measures tend to be carried out in the morning, which is why we recommend that you visit the patient between 3 pm and 8 pm. We hope you understand that waiting times and interruptions during your visit cannot always be avoided.

Individual arrangements with the competent nurse are, howe-ver, always possible.

In the interest of your relative and other patients we are asking you to make arrangements within your family to ensure that, as a rule, no more than two members of your family visit at the same time.

### Medical information via the phone

Telephone enquiries about the treatment progress of your rela-tive will only be answered by the doctor. For reasons of privacy, you need to let us know the patient number given to you by the unit staff before you can talk to the doctor.

It would be helpful if you could appoint ONE member of your family as contact person for the doctor and nursing staff. Please let other family members know who that contact person is.

### Personal medical information

If you want to talk to the doctor in person, the competent nurse is happy to arrange this. Please understand that, due to difficult situations, this may not always be possible straight away.

### Nursing information

The competent nurse will be happy to provide information about nursing measures.

### How to reach us

You can call us between 10:30 am and 11:30 am  
Tel. (nursing staff): ++49 (0) 89 4140-2248  
Tel. (doctors): ++49 (0) 89 4140-5998

### Transfers

The decision as to whether a patient can be transferred is fre-quently made during the doctor's round. Transfers tend to take place in the morning. Transfers at short notice can also occur at other times of the day.

## How do I as a relative conduct myself?

### Entering the Intensive Care Unit

Please wait after ringing the bell. If it is your first visit, you are picked up at the door and accompanied to your relative. For reasons of hygiene it is necessary that you disinfect your hands whenever you enter the patient's room.

If you suffer from a cold or an infectious disease, you may want to reconsider your visit. If you do visit, please inform the nursing staff of your condition.

To ensure that the other patients are disturbed as little as pos-sible, we are asking you to refrain from using mobile phones.

### Gifts

For reasons of hygiene, flowers are not permitted in the Inten-sive Care Unit.

Food and drink should only be brought along after consulta-tion with the nursing staff.

### Personal belongings

If your relative were to need personal items during his stay at the Intensive Care Unit, arrangements can be made with the nursing staff.

Unfortunately, pieces of luggage and bags cannot be stored by the Intensive Care Unit.

### Bed-side manner

Even if your relative is ventilated and if, because of it, he may have needed to be put to sleep artificially, his sensory organs are not necessarily completely switched off. Due to the tube he cannot perceive smells but we know from patients who regained consciousness that, subconsciously, they are aware of familiar voices and touches.

Therefore, we advise you to speak to your relative about plea-sant things. Do not necessarily expect a reaction. Don't he-sitate to hold your relative's hand. The nurse in charge can show you how you can approach your relative without distur-bing the medical devices or monitoring equipment.

