

Service de Réanimation Polyvalente
(Intensive Care Unit)



Welcome Booklet

For relatives

SUMMARY

❖ Purpose and organisation of the unit	p.3
❖ Information about your relative's	
❖ health status	p.7
❖ Visiting	p.9
❖ Patients' personal effects	P.11
❖ Duties	p.11
❖ Glossary	p.14

For further information on the purpose and running of any intensive care unit, we recommend the following link:

<http://www.srlf.org/grandpublic/>

PURPOSE AND ORGANISATION OF THE UNIT

At the service de Réanimation Polyvalente du Centre Hospitalier d'Angoulême we care for adult patients when one vital organ is failing, either because of illness, major surgery, poisoning or accident. The care given provides the vital functions, giving time for the body to recover.



In addition, the unit coordinates the organ and tissue donations within the establishment. (Coordination Hospitalière du Prélèvement d'Organes et de Tissus).



There are twelve single rooms: Unit **NORD** (rooms 4, 5, 6, 7, 8 and 9) and Unit **SUD** (rooms 1, 2, 3, 10, 11 and 12).

All rooms are identically equipped: a special bed, a monitor for the continuous checking of the vital functions, and a ventilator in case of breathing problems. Other devices can be fitted if needed, such as an artificial kidney machine.

There are no en-suite facilities as most patients are unable to move about.

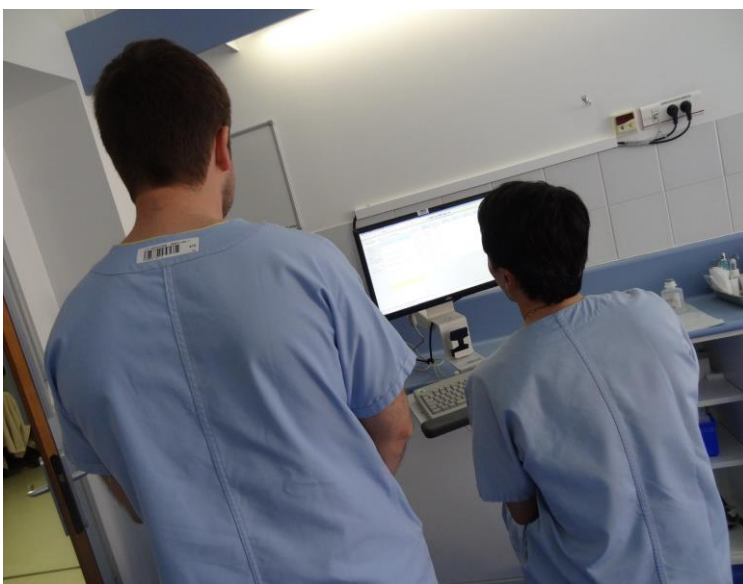
Every room has access to free TV and a CD player. It is possible to have a phone line (only for incoming calls). WIFI connexion is possible.



The day medical team includes 3 fully qualified doctors and two residents, Monday to Friday. One doctor and a SHO are present at night, at weekends and Bank Holidays. Each registered nurse is in charge of three rooms and each nursing assistant of four consecutive rooms. This level of staffing is the same, day and night, 7 days a week. A physiotherapist is on duty every weekday. The maintenance and hygiene of the premises are provided several times daily by hospital staff. Medical secretaries deal with administrative and medical files. Their office is open Monday to Friday from 8h30 to 16h30.

Patients' medical notes, prescriptions, and monitoring sheets are computerized. Confidentiality is ensured by the software suppliers and the establishment IT service. Statistics are always anonymous.

Medical coordination is provided by the Doctor in charge of the Unit (chef de service), and the nursing one by the Nurse in charge (cadre de santé).



As part of their training, medical, nursing and care assistant students are welcomed in the service.

The unit works closely with local and regional services responsible for preventing the risks associated with hospital care, including the risk of infections.



Finally, the unit contributes to medical progress by participating in national or international studies responsible for scientifically assessing the value of techniques, procedures or medications. Patients or their relatives will always be kept informed and asked for their consent to take part in one of these studies.

INFORMATION ABOUT YOUR RELATIVE'S HEALTH STATUS

« Patient confidentiality » means that no one except the patient can access his/her medical data. This secrecy aims to respect what a person wants to disclose about her health.



The patient who is hospitalized in Intensive care is usually unable to divulge this information, therefore, unless there was prior request, you will be given the information about his/her condition. Following the first encounter you will be asked to name a liaising person who will coordinate the information.

Direct consultation of medical files by third parties is prohibited by law. Only the patient can have access to his/her file, after being discharged, by making an application to the Direction de l'Etablissement (or his/her assignees upon death, following the same procedure).

Telephone news are given only to identified persons. They are intentionally brief to avoid the dispersal of information. It is better to avoid calling around 7.30 am and 7.30 pm when the care teams change (shifts) .If a serious event occurs the doctor will contact you.

Up to date information when you visit are given by the registered nurse or the doctor, more often in the room. There is also a meeting room available next to the waiting room. The medical discussion is systematic on the first day and also if there is a significant change in the health of your relative. **If you want some medical update at a precise time,** we recommend that you make an appointment. Finally, we remind you that, at week-ends and nights, the medical team is reduced and therefore is not necessarily available then.

Generally it is impossible to predict the outcome and duration of a stay in intensive care except in very simple cases. We will give you, as and when, clearer explanations for serious and often complex issues.

Do not hesitate to ask us questions, we are here to answer them as far as possible.

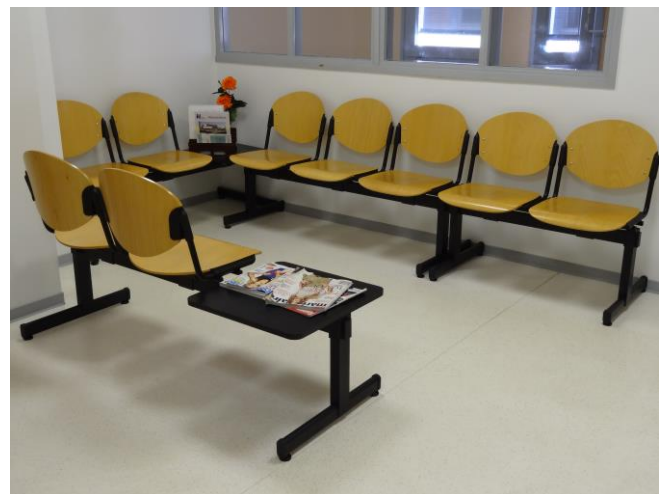


VISITING

The unit is open for visiting 7 days a week, 24 hours a day. However, afternoons and evenings are preferable. You need to let us know when you arrive using the intercom located at the entrance of the « **bureau infirmier** »: we'll answer and come to let you in.

Visitor numbers are not restricted but for patients' comfort or for medical reasons, you might be asked to reduce the number of visitors or the length of the visiting time. Children under 15 will only be allowed to come with their parents' consent after discussion with the team.

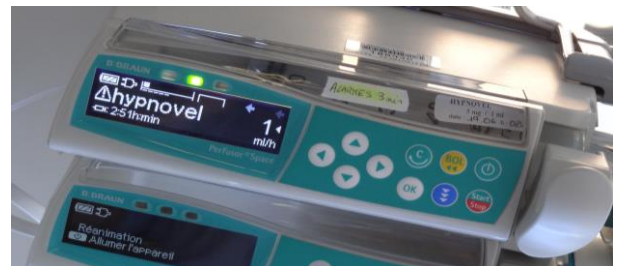
We might need to ask you to leave the room when treatments are given, and you will have to wait in the waiting room. A member of staff will fetch you as soon as possible.



Coming into an intensive care room is always overwhelming. The patients are not clothed because of the number of connections, cables, infusions and drains. They are often connected to a life support machine. A glossary, see page 14, will help you to understand the terms used about the equipment.



The number of sounds made by the equipment may surprise you. Many of these sounds do not signal immediate life threatening situations: the alarms are triggered in a variable time delay depending on their nature.



If there is a risk that a patient may become agitated, and to avoid disconnecting inadvertently any material that keeps him/her alive, patients are secured to the bed by links attached to their wrists.

PATIENTS' PERSONAL EFFECTS

There are no lockers in the rooms. Your relative's personal possessions (clothing etc...) have been deposited in a special room and will be given back to you after signing an inventory sheet.

For patients who are unable to look after their valuable property (under sedation, coma, confused), we are obliged to secure their jewellery and valuables by placing them in a safe.

Toiletries are provided by the service. However it is quite possible to bring in personal toilet articles, except linen for hygiene issues. You can also bring glasses, dental or hearing aid if needed, as well as photos, music, familiar objects or for worship.

DUTIES

- **Discretion and confidentiality**



Within the unit, please go directly to your relative's room and be discreet vis-à-vis the other hospital patients, to respect their peace and privacy.

The use of mobile phones is permitted. They must be programmed in silent mode and conversations should take place outside the unit.

The taking and dissemination of photographs or videos are **strictly prohibited** (except with prior agreement of management and patient).

- **Hygiene**

During your visits, appropriate attire and hygiene on your part are required. You must thoroughly clean your hands when entering and leaving the room to avoid the spread of germs. For this, you will find a bottle of hydro alcoholic solution to apply on your hands without rinsing.



Specific isolation measures can be put in place for some patients: they will be explained by the care team.

If you have flu or a cold, please let us know so that we can give you a mask. Flowers and plants are not authorized in the unit (outbreaks of germs in the vases and the soil). Animals are not allowed.

- **Administrative procedures**



As soon as possible after your relative's admission, you must present yourself at the administration desk (bureau des entrées) with your relative's passport, carte vitale, European Health card or private insurance, Top up insurance or any other insurance provider cards to regularize his/her administrative status. The desk is situated in Hall Sud (every day of the week during normal office hours).

Hospital social workers are available to assist you with any financial or social matters concerning your relative's care or aftercare. You can contact them on 05 45 24 61 54.

The general guide to the establishment and the website www.ch-angouleme.fr will give you all the information concerning any hospitalization at the Centre Hospitalier d'Angoulême.



GLOSSARY

Adrénaline/noradrénaline (catécholamines) :

Medicines for heart or blood pressure, administered by infusion (drip)

Alimentation : the patients are fed, either using a feeding tube going into the stomach, or by infusions.

Aspiration trachéale :

Removal of the sputum which accumulates in the trachea using a suction tube.

Cathéter veineux central :

Flexible tube inserted in a large vein in the neck or leg to administer quickly and efficiently medicines and fluids.

Cathéter artériel : tube placed in an artery to monitor the blood pressure permanently and to take blood samples repeatedly.

Coma artificiel/sédation :

It is often necessary to give the patient drugs to permit sleep and prevent pain. Coma is induced and the patients wake up when we stop the sedatives.

Dialyse :

This is what we call « artificial kidney » to purify the blood when the kidneys stop working.

Electrodes :

Self-adhesive patches fitted on the patient's chest to connect him/her to the monitor by cables.

Extubation :

Removing the intubation cannula (cf. intubation).

Intubation :

Inserting a cannula through the mouth into the anesthetised or comatose patient's trachea (windpipe) to connect him/her to a ventilator.

Moniteur (ou scope) :

Device for viewing the patient's vital parameters (blood pressure, pulse, blood oxygen). It alerts the team with specific visual and audible alarms and is connected to central monitoring.

Pousse seringue :

Electric device to inject drugs very precisely and continuously.

Respirateur ou ventilateur :

Device that can compensate for respiratory failure by artificial respiration. The patient is connected to the machine either by an intubation cannula (see intubation) or by a mask.

Saturation : continuous measuring of the blood oxygen by a clip on a finger or ear lobe.

Sonde gastrique:

Plastic tube inserted into the stomach either to empty it of its contents or to feed the patient.

Sonde urinaire :

Tube inserted into the bladder to evacuate the urine.

To have a loved one hospitalized in intensive care is an ordeal. The entire team in the unit is focused on supporting you in the best possible way during this anxious time.

