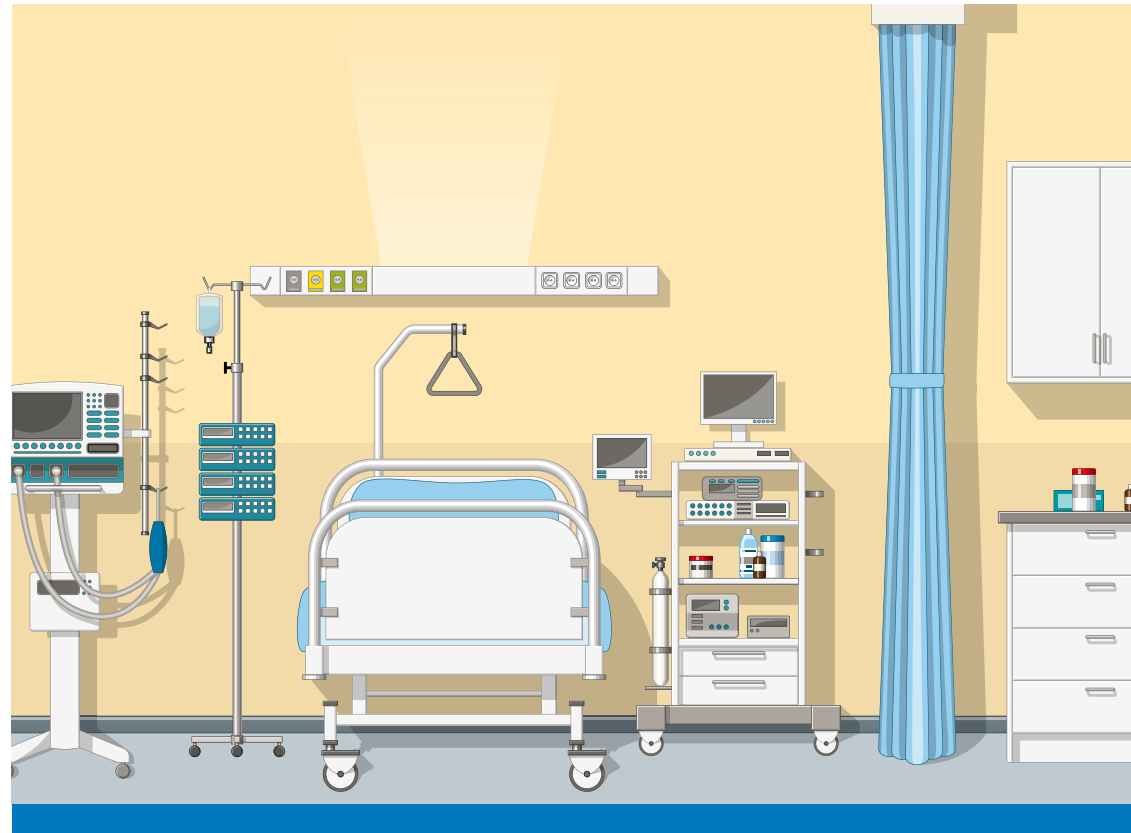


Your Guide to the Trauma Intensive Care Unit



Patient and Family Education

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Your Guide to the Trauma Intensive Care Unit

The Trauma intensive Care Unit (TICU) provides care to all critically ill trauma patients requiring close monitoring and advanced treatment.

Our goal

The TICU provides the safest, most effective and compassionate care to our patients. Your loved one will be assigned a dedicated team of professionals, who specialize in managing the critically ill trauma patients with continuous hemodynamic monitoring, mechanical ventilation and invasive or non-invasive interventions. The patients include those with head injury, facial injury, spinal cord injury, chest trauma, abdominal trauma and long bone fractures.

Visitors waiting area

The waiting area is located on the first floor (same floor as the TICU). It has both male and female areas. Seats are available to wait until visiting hours (as directed by security staff) or to meet the doctors who are taking care for your loved one (arranged by the case manager). If you need any help, kindly speak to the security staff. They will be happy to guide you.

Visiting times may vary from time to time based on the rules and regulations of the hospital

Please abide by visiting hours to allow the team to take care of your loved one and to allow the patients to rest.

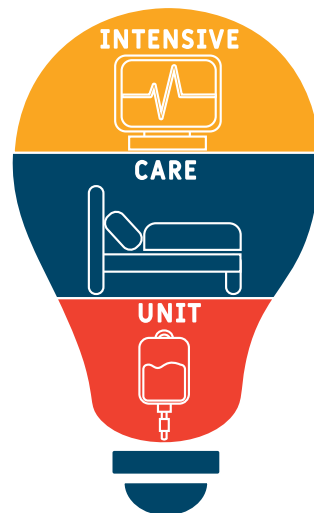
These visiting hours may vary depending on the patient procedures or any other emergency circumstances.

Once you enter the TICU, you will walk down to the nursing station. You can speak to the desk clerk –or one of the nurses– and enquire about the room where your loved one is admitted. Seeing your loved one in the TICU may be overwhelming as they will be connected to different monitors / equipment, and may have many catheters and tubes attached. Sometimes it is better if you are accompanied by someone.

Let us have a close look at the monitors, equipment, catheters and tubes.

In the TICU you may see many equipment, as all of these are important to help your loved one to recover from his/her injuries. **The ventilator or breathing machine** is placed next to the bed. This machine helps to deliver oxygen and respiration through a breathing tube inserted into the trachea. The **heart monitor** beside the bed. This monitor is tracking the patient’s vital signs such as heart rate, blood pressure and oxygenation. Please don’t focus on the monitor numbers and alarms. The alarms are gentle reminders and nurses are constantly watching them.

There are many other medical devices and equipment that you may see attached to the patient. To know more about them please read the “ICU lines, devices and procedures” booklet



The team also monitors the patients at the nursing station through a central monitor. At times, a patient may be alone for few minutes, but someone is always keeping a close eye on the monitor.

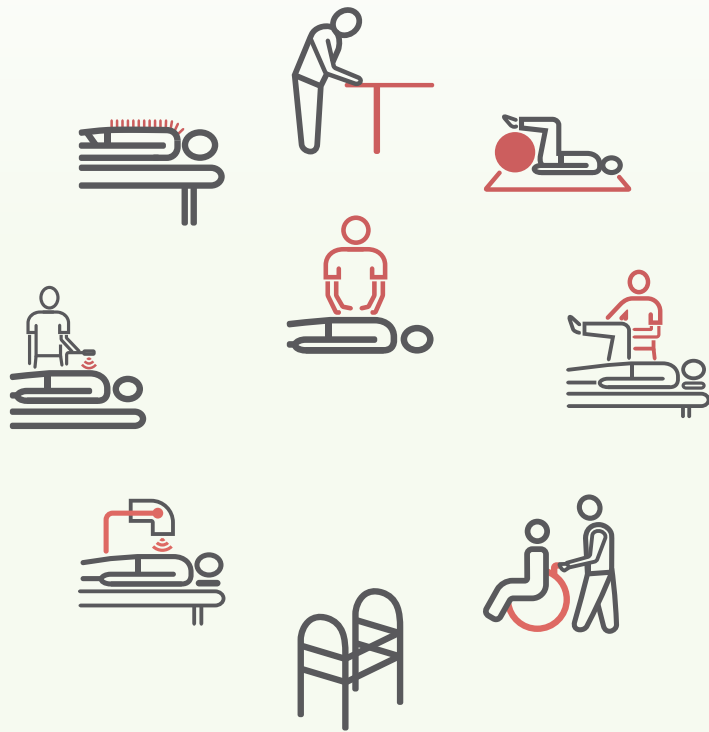
You will meet the trauma ICU nurse who is assigned to your loved one, and who is delivering direct care. The nurse continuously monitors and manages all the equipment, catheters and tubes which are connected to your loved one. He or she can help you with any inquiries or concerns.

In the nursing station you can meet the trauma in-charge nurse who is responsible for all the patients in the intensive care unit. The in-charge nurse manages and organizes between the different services inside and outside the unit.

In TICU you will meet a trauma patient educator who educates you about your loved one’s injuries, as well as the monitors, equipment, catheters, tubes and trauma service, and updates you about the current condition and plan of care.

You will also meet the case manager who is responsible to update the patient’s personal information, renew the health card, help with the transfer process, and will help organize a family meeting with the trauma physicians and other physicians looking after your loved one.

The physical therapist will be actively involved in patient care, by doing passive and active exercises. At certain stages, the physicians will decide to mobilize the patient, so the physical therapist will assist your loved one to mobilize out of the bed and gradually to ambulate and maintain strength, coordination and movements.



There are many other health care professionals taking care of your loved one:

Respiratory therapist: They take care of the ventilators or breathing machine.

Pharmacist: They work closely with doctors and nurses to choose the appropriate medications and their dosages.

Psychologist: They help you and your loved one to cope with traumatic stress and their emotional wellbeing.

Speech and swallowing therapist: They help in the management of swallowing difficulties and with speech assessment.

Occupational therapist: They help to overcome the effects of disability caused by trauma.

Rehabilitation medicine: their aim is to enhance and restore functional ability and quality of life of trauma patients.

Social worker: They are specialized in medical and crisis counseling. They work with the medical team to communicate with patients.

Other members are wound care nurses, and the infection control team.

The surgical team and physicians comprise of trauma surgeons, trauma intensivists, neurosurgery teams, orthopedic surgery teams, maxillofacial surgery, ENT, ophthalmology, anesthesia and plastic surgery teams along with other team members. They all work in collaboration to provide best care to your loved ones.

Trauma physician rounds:

Every morning at approximately 8:00 am (to 11:00 AM), the multidisciplinary team led by the trauma intensivist will examine and review all the patients at the bedside and decide about the plan of care. They also meet the other sub-specialties involved with patient care during this time.

After the rounds, physicians will perform any required procedures.

During this period, visitors are NOT allowed. However, the case manager can arrange a family meeting with the physicians in charge of the patient.

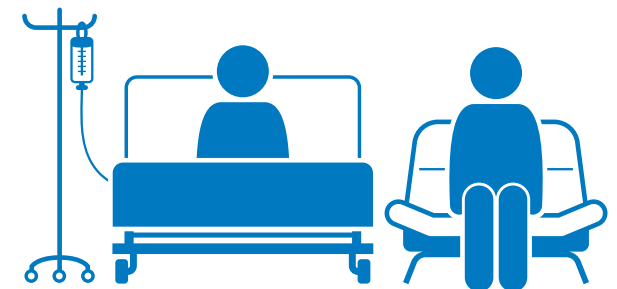
Family meetings

The family meeting room is located on the first floor beside the TICU. You will meet the trauma intensivist and other sub-specialty teams, who will explain the patient's condition and update you about the progress and plan of care of your loved one. Our physicians are willing to answer any queries regarding the patient's condition.

For your kind information, family meetings are done only with CLOSE family members, due to confidentiality and privacy. Information will not be given to all the family members. Please choose a point-person for the rest of the family to talk to.

Visiting guidelines

- Kindly abide with the visiting hours as our professional team will need time to give care for your loved one.
- To ensure privacy and safety, we allow only two visitors at a time during visiting hours.
- Your visit should not interfere with patient care, scheduled therapy sessions and recommended rest periods.
- Children under 12 years are not allowed to enter TICU due to the high risk of infection.
- Each family will be asked to designate a "spokesperson" to receive all of the patient information and pass this on to other family members.
- Visitors and patients may not use cell phones while in the TICU. Photography or video of any patients receiving care in the TICU will NOT be permitted.
- You should wash your hands with antiseptic solution before entering to see your loved ones and in certain conditions, you may need to wear personal protective equipment like a mask, gown and gloves, based on the instruction from the assigned nurses. Kindly wash your hands again after seeing the patient.
- Please fill out our comment card to help us know your feedback about medical and nursing care, so that we may improve our services.
- Please think about the needs of the other patients and families during your visits.



Out of Trauma Intensive Care Unit

Once your loved one is recovering from their trauma and other ICU-related issues, and is becoming more stable, physicians will assess and will decide whether it is safe to transfer your loved one to either the Trauma Step Down Unit (TSDU) or trauma ward, for the next phase of their management and care. Transfer to these units is only done when appropriate and safe and represents a positive milestone in the recovery of your loved one.

Thank you