



# PREPARING FOR THE ICU



You or the patient you care for may have to move to the intensive care unit (ICU). You'll feel better prepared and more comfortable if you can take care of certain things ahead of time:

- Put an advance directive in place.
- Talk about hopes and goals for treatment.
- Let doctors and nurses know about any questions you have.

The ICU team will work across different cultures and traditions to optimize care.



## WHAT TO EXPECT

ICUs provide around-the-clock monitoring and care for the most seriously ill patients. Reasons for ICU treatment include serious illness and severe breathing problems, injuries, and accidents.

People in the ICU may need special equipment, including:

- A breathing machine, or ventilator
- Monitors to check heart rate, blood pressure, and other vital signs
- Intravenous (IV) lines for medications and fluids

## LIVING WILLS & ADVANCE DIRECTIVES

Patients can authorize which family members or friends they want to receive information from providers. Doing this now will simplify things if the patient needs to move to the ICU.

If a patient doesn't have a living will or advance directive, doctors may ask the patient's care partner to make decisions about care. If you need to make health-care choices for the patient, consider:

- What the patient would want, not what you would want
- Past conversations you and the patient may have had



# TREATMENT DECISIONS

It's a good idea to understand the different level of care for each hospital code status before you're in a stressful situation in the hospital:



# 1

## FULL CODE.

The health-care team will perform cardiopulmonary resuscitation (CPR) or use electric shocks to get the patient's heart beating again. The team may also use a tube or ventilator to help the patient breathe. All patients receive this care unless they or their care partner say otherwise.

# 2

## DO NOT RESUSCITATE (DNR).

Treatment will continue, even if a patient has DNR status, but the health-care team will not perform CPR or use a ventilator if the patient's heart or lungs stop working.



# 3

## COMFORT CARE.

If treatment will not work, a patient's care partner and the health-care team may decide to provide comfort care. Doctors and nurses will only offer care to keep a patient comfortable. They will not perform treatments, tests, or procedures.

## TAKING COMFORT

If you or the patient you care for needs to go to the ICU, a specially trained team will use the latest advances to provide comprehensive, compassionate treatment.

