



Intensive Care Unit  
Family Care Guide

GENERAL FAMILY



# TABLE OF CONTENTS

**INTENSIVISTS AND PULMONOLOGISTS .....1**

**COPING WITH A LOVED ONE’S STAY IN THE ICU ..... 2**

Visiting Your Loved One ..... 2

Taking Care of Yourself ..... 3

Questions to Ask ..... 3

Waiting Room Etiquette ..... 4

What to Expect ..... 4

Obtaining Health Information ..... 4

**REFERENCES AND HELPFUL HINTS ..... 5**

Helpful Phone Numbers ..... 5

Cafeteria/Coffee Shop/Vending Machines ..... 5

Pastoral Care ..... 5

Shower Facilities ..... 5

Cardiopulmonary Resuscitation (CRP) Courses ..... 5

Organ/Tissue/Eye Donation ..... 5

Restaurants ..... 6

Restaurants Map ..... 7

Lodging ..... 8

Lodging Map ..... 9

Freeman Maps ..... 10

Advance Medical Directives Forms ..... 13

## **INTENSIVE CARE UNIT (ICU) FAMILY EXPERIENCE SURVEY**

## **NOTES**

# Thank you for the privilege of caring for your loved one.

We want to assure you we will take excellent care of your loved one and commit to taking care of you as well. We understand the anxiety and uncertainty associated with a stay in the Intensive Care Unit (ICU). Please let us know if you have needs or concerns we can address for you. We want to make sure your time spent with us is as comfortable as possible.

Physicians, nurses, and others gathered information in this handbook to assist you during your loved one's hospital stay. We encourage you to use this handbook for reference, and we hope you find these materials helpful.

To make sure you and your loved one receive excellent care, we promise to:

- Provide highly skilled nursing staff
- Keep you informed and avoid using clinical terms
- Listen carefully to you
- Respond promptly to your requests
- Use teamwork to address your needs
- Treat you with respect and courtesy
- Provide a neat and clean environment
- Supply proper nutrition
- Respect your time
- Respond to your family's needs

If we fail to meet your needs or you have concerns about the care we provide, please call me and I will work quickly with our team to address any issues.

Thank you for entrusting us with the care of your loved one.

Sincerely,  
Family Care Specialist  
417.347.6072

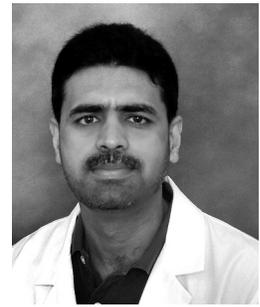
## INTENSIVISTS AND PULMONOLOGISTS

Our team of intensivists and pulmonologists, physicians with special training to care for critically ill patients, will direct the care of your loved one during his or her stay in the ICU. Each physician will carefully review and clearly communicate the treatment plan to everyone involved in the care of your loved one.

### Intensivists and pulmonologists focus on:

- Providing comprehensive care throughout your loved one's hospital stay
- Coordinating care with multiple specialists if necessary
- Listening carefully and clearly communicating with you and your loved one to ensure a thorough understanding of the illness and treatment plan
- Supplying clear discharge instructions to your loved one and giving information about his or her treatment to the primary care physician who will oversee care after transfer to another unit or discharge

If you have questions not clearly addressed during your loved one's stay in the ICU, please ask a nurse to contact the intensivist or pulmonologist on call. If you have questions after discharge, please contact your primary care physician.



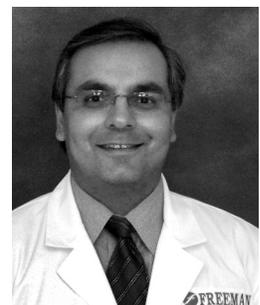
Waqas Chishti, MD



Guy Grabau, MD



Alexander Ivaskovic, MD



Asjad Khan, MD



Yasser Mokhtar, MD

## **COPING WITH A LOVED ONE'S STAY IN THE ICU**

An ICU provides care for seriously ill or injured patients. We admit some patients to the ICU as part of a planned stay, such as following major surgery. Others are admitted unexpectedly after an accident, a heart attack, or serious infection.

The ICU differs from other units in the hospital because it has special equipment to monitor and support a patient's body systems like the lungs, kidneys, or heart. In addition, the team of doctors, nurses, dietitians, therapists, and technicians has special training in caring for the critically ill.

### **Visiting Your Loved One**

You may feel anxious or frightened when visiting the ICU. We understand that it may alarm you to see your loved one hooked up to machines. We encourage you to ask questions about the machines, tubes, and monitors. The more you understand about the surroundings, the more comfortable you will become.

We ask that you avoid touching equipment unless instructed to do so. You may occasionally hear alarms. Generally, the alarms alert staff to normal changes. Please don't panic. We will respond to your loved one's needs.

Unless your nurse tells you otherwise, you may gently touch or talk to your loved one. Sometimes stimulation can cause harm during very critical periods of recovery. In most cases your loved one can hear you and will find your voice comforting. Offer encouragement by speaking calmly and clearly. Acknowledge any pain or discomfort he or she experiences. For example, you might say, "You have a tube in place to help you breathe. I will ask the nurse to give you medicine to make you more comfortable." You may also choose to read favorite poems, books, prayers, or Bible verses aloud. If you feel unsure about how and when to communicate with your loved one, please ask your nurse.

As a result of breathing tubes, medications that alter awareness, or the illness, your loved one may not respond to you.

If you become upset or emotional, please leave the room. We have a family care specialist and chaplains available to provide support and encouragement for you during this stressful time.

When visiting your loved one, please remember:

- General visiting hours are 5 – 6 am, 8 am – 6 pm, and 8 pm – midnight daily.
- Please limit visitors to two at a time per patient.
- Visitors must be over the age of 12.
- ICU staff may adjust visiting hours based on individual patient needs.
- During emergencies, ICU may temporarily suspend visitation.
- Please wash hands at the sink located near the ICU entrance before and after visiting patients. This ensures health and safety for you and your loved one.
- For infection control purposes, the ICU does not permit flowers, plants, and outside food or drink.
- If your loved one is in isolation, please follow the guidelines given by your nurse and listed on the sign posted outside the room door.

## **Taking Care of Yourself**

Families have little or no time to prepare for the stress of a critical illness or injury. You may feel anxious, helpless, frightened, or even angry. The stress may cause you to experience physical symptoms, such as upset stomach, headache, or weakness. You may also have trouble sleeping. During this time, remember to take care of yourself so you are better equipped to help your loved one.

- Get as much rest as possible.
- Try to eat healthy foods regularly.
- Exercise will help you maintain emotional health. Take breaks by going for walks and getting fresh air.
- Ask a friend or family member to take over for a while so you have time away from the hospital. If you have many people available to help, set up a rotating schedule.
- Talk with others about your feelings.
- Delegate a responsible adult whom you trust to take care of matters at home, such as picking up your mail, paying your bills, and arranging child care.
- Reading, watching television, or listening to music can serve as distractions and help you relax.
- Prepare yourself for setbacks. Your loved one will have both good and bad days. At times this may feel much like a roller coaster. Focus on progress made and try not to dwell on setbacks.

If you need help coping, Ozark Center offers counseling, bereavement services, support groups, and crisis intervention. See the References and Helpful Hints section of this handbook for more information on services available through Ozark Center.

## **Questions to Ask**

The stress of your loved one's stay in the ICU can make it difficult for you to understand and remember unfamiliar information. You may find it necessary to ask the same questions more than once. This is OK. We want to make sure you feel well informed. While you may have questions of your own, a list of commonly asked questions follows.

- Who is caring for my loved one?
- Will you explain what all the equipment does?
- What is wrong with my loved one?
- Is my loved one in pain?
- How will this condition affect his or her quality of life?
- Does today's treatment plan involve anything that my loved one might find painful or uncomfortable?
- How do I call for help?
- How quickly can I expect someone to respond to the call?
- What can I do to help?
- What happens if something urgent occurs and I am not here?
- How does my loved one use the restroom?
- What are the risks of therapy and/or medications?

## **Waiting Room Etiquette**

The ICU waiting room is not designed for visitors to spend the night. Please return home to get a good night's sleep, or make a reservation at a nearby hotel or motel. Listings of local accommodations can be found on page 8 of this guide.

Please adhere to the following waiting room guidelines:

- No sleeping in waiting room
- Use of personal blankets, pillows, inflatable mattresses, cots, or sleeping bags is prohibited.
- Electronic devices are not allowed with the exception of laptop computers and cell phones.
- Use of small electric kitchen appliances is prohibited in the ICU waiting room.

## **What to Expect**

We encourage family participation in all aspects of care, and we value any and all information you can give us about your loved one.

- If your loved one requires a breathing machine, or ventilator, nurses will perform oral care by swabbing the mouth every two hours. This decreases the risk of pneumonia.
- We encourage patients to change positions in bed at least every two hours to lessen the risk of skin breakdown. If your loved one cannot turn on his or her own, our team will offer assistance.

## **Obtaining Health Information**

- Due to federal government regulations designed to protect patient confidentiality, we can only give information to those who provide the patient's full name, account number, and date of birth.
- Please choose one family spokesperson to call for patient condition updates and provide the information to the rest of the family. This allows nurses more time to care for your loved one.
- Please ensure the family spokesperson leaves a contact phone number.
- If your loved one has an Advance Medical Directive or Durable Power of Attorney in place, please provide a copy. Blank copies of both forms are included in the References and Helpful Hints section of this handbook. If you would like more information about these documents, please ask your nurse.

## REFERENCES AND HELPFUL HINTS

### Helpful Phone Numbers

Chaplain ..... 417.347.6627 (or call Freeman operator to have chaplain paged)  
Family Care Specialist..... 417.347.6072  
ICU Nursing Staff ..... 417.347.3300  
ICU Charge Nurse..... 417.347.6007  
ICU Waiting Room ..... 417.347.5300  
Ozark Center Crisis Line ..... 417.347.7720 or 800.247.0661 (lines open 24/7)  
Patient Relations..... 417.347.4940

### Cafeteria | Coffee Shop | Vending Machines

- Freeman West cafeteria serves breakfast, lunch, and dinner seven days a week.
- Daily Grind coffee shop, located in main lobby, serves coffee, sandwiches, salads, desserts, and snacks, 6 am – 9 pm, seven days a week.
- Vending machines available in main lobby and Heart & Vascular Institute lobby.

### Pastoral Care

Freeman Pastoral Care offers spiritual care, comfort, and support to our patients and their loved ones. Our chaplains are available to pray with you and provide spiritual counsel. You may request a chaplain at any time by notifying your nurse or having the hospital operator page a chaplain for you.

To receive Bibles and other spiritual literature, simply ask your nurse or one of the chaplains. Each of our hospitals provides a chapel for reflection, prayer, and meditation for patients, family and friends. Your nurse or chaplain can direct you to the chapel in your facility.

### Shower Facilities

If you need shower facilities while staying with a loved one in the hospital, please contact the Family Care Specialist for assistance with arrangements.

### Cardiopulmonary Resuscitation (CPR) Courses

Have you ever considered becoming CPR certified so you can help others in their time of greatest need? A few hours of training can prepare you to save a life. According to American Heart Association, CPR can double the chances of survival for a person in cardiac arrest. Freeman Screen Team holds CPR courses each month. For more information, visit [freemanhealth.com](http://freemanhealth.com) or call 417.347.4448.

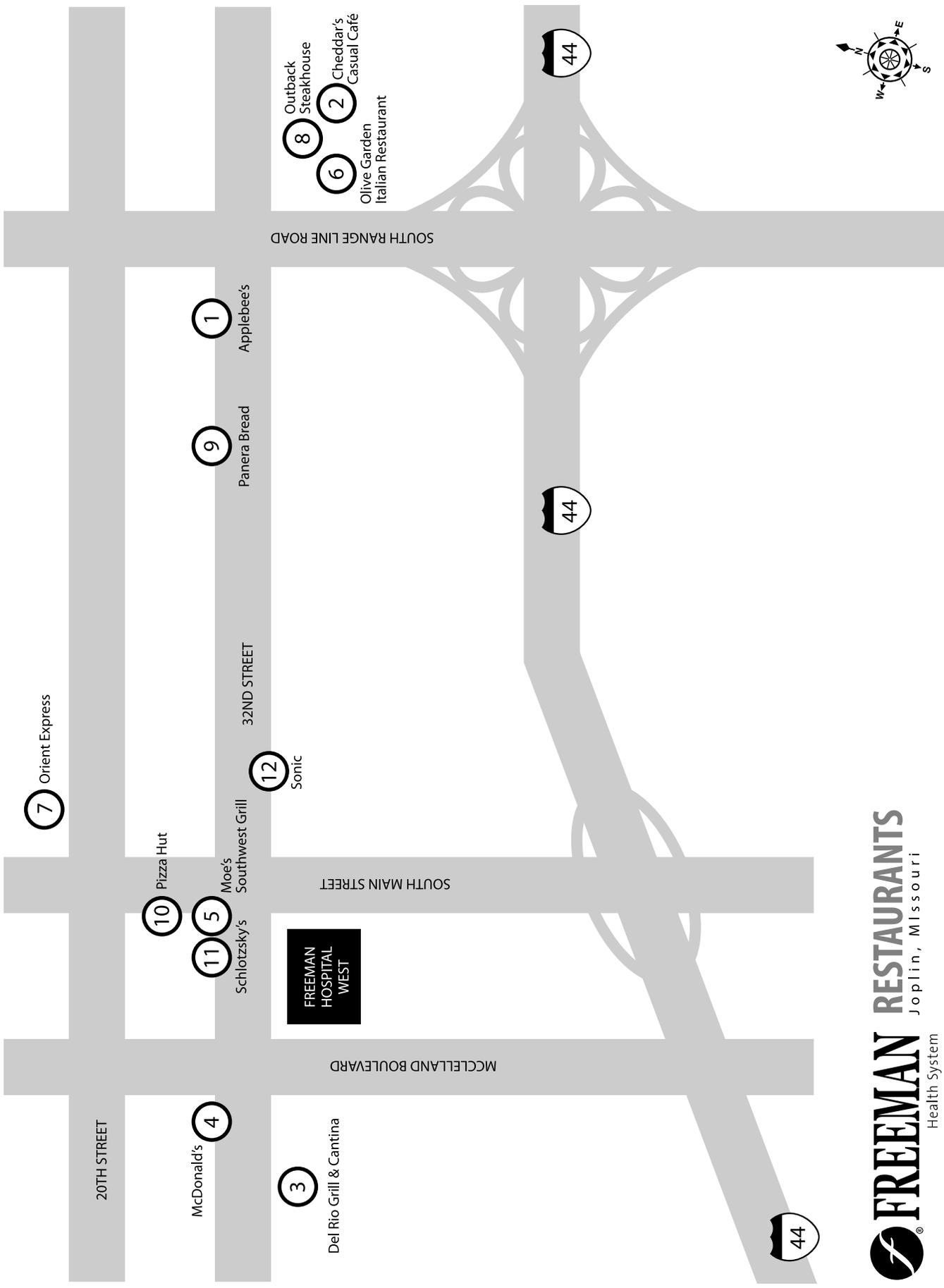
### Organ/Tissue/Eye Donation

To find out how you can give the gift of life, visit [donatelife.net](http://donatelife.net)

## Restaurants

Joplin offers a wide selection of restaurants located within a few miles of Freeman West. A partial list is provided below. If you would like information about other restaurants, please ask a staff member or the family care specialist, who will happily assist you.

1. *Applebee's®*  
2825 East 32nd Street  
417.659.8686  
American casual dining  
\$5 - \$20 per person
2. *Cheddar's Casual Café*  
3120 East Hammons Boulevard  
417.624.6000  
American casual dining  
\$5 - \$20 per person
3. *Del Rio Grill & Cantina*  
1802 West 32nd Street  
417.206.4400  
Mexican casual dining  
\$5 - \$15 per person
4. *McDonald's*  
3140 McClelland Boulevard  
417.623.2591  
Fast food  
\$3 - \$10 per person
5. *Moe's® Southwest Grill*  
3120 South Main Street  
417.781.6637  
Mexican casual dining  
\$5 - \$10 per person
6. *Olive Garden® Italian Restaurant*  
3031 East Hammons Boulevard  
417.782.7295  
Italian casual dining  
\$10 - \$20 per person
7. *Orient Express* (Delivery and pickup only)  
215 East 20th Street  
417.206.3999  
Oriental takeout  
\$5 - \$10 per person
8. *Outback Steakhouse®* (Dinner only)  
3110 East 36th Street  
417.625.1156  
American casual dining  
\$10 - \$20 per person
9. *Panera Bread®*  
2401 East 32nd Street  
417.626.2300  
Sandwiches, soups, salads, pastries  
\$5 - \$10 per person
10. *Pizza Hut®* (Delivery and pickup only)  
2802 South Main Street  
417.781.3915  
Pizza, sandwiches  
\$5 - \$10 per person
11. *Schlotzsky's®*  
3120 South Main Street  
417.626.7597  
Sandwiches  
\$5 - \$10 per person
12. *Sonic®*  
310 East 32nd Street  
417.781.5090  
Fast food  
\$3 - \$10 per person

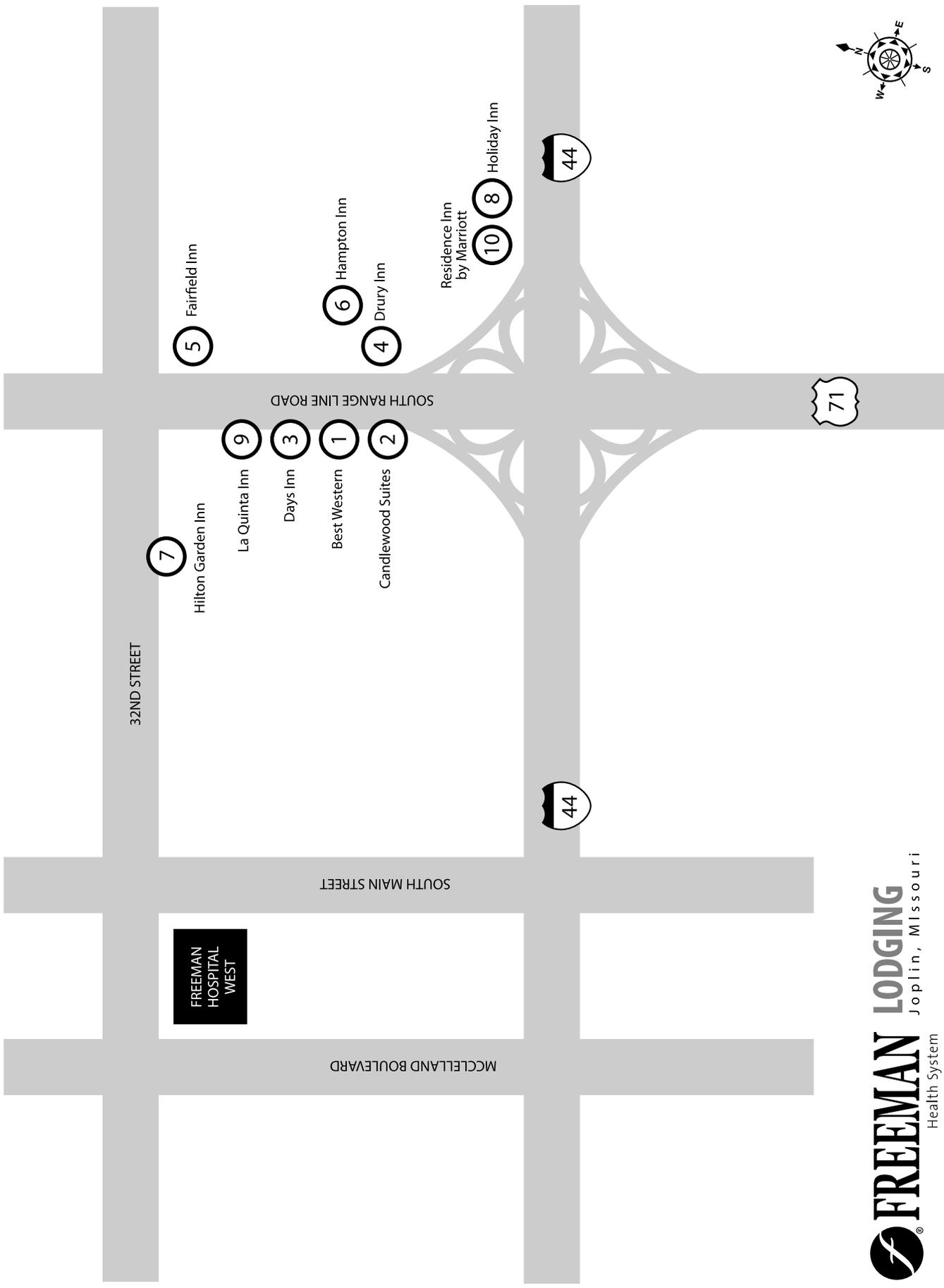


**FREEMAN** RESTAURANTS  
 Joplin, Missouri  
 Health System

## Lodging

Visiting a loved one in the hospital can sometimes be a challenge, especially for those who travel from out of the area. Several hotels in Joplin offer discounts for family members of Freeman patients. When making your reservations, ask the hotel what is required to receive the hospital discount.

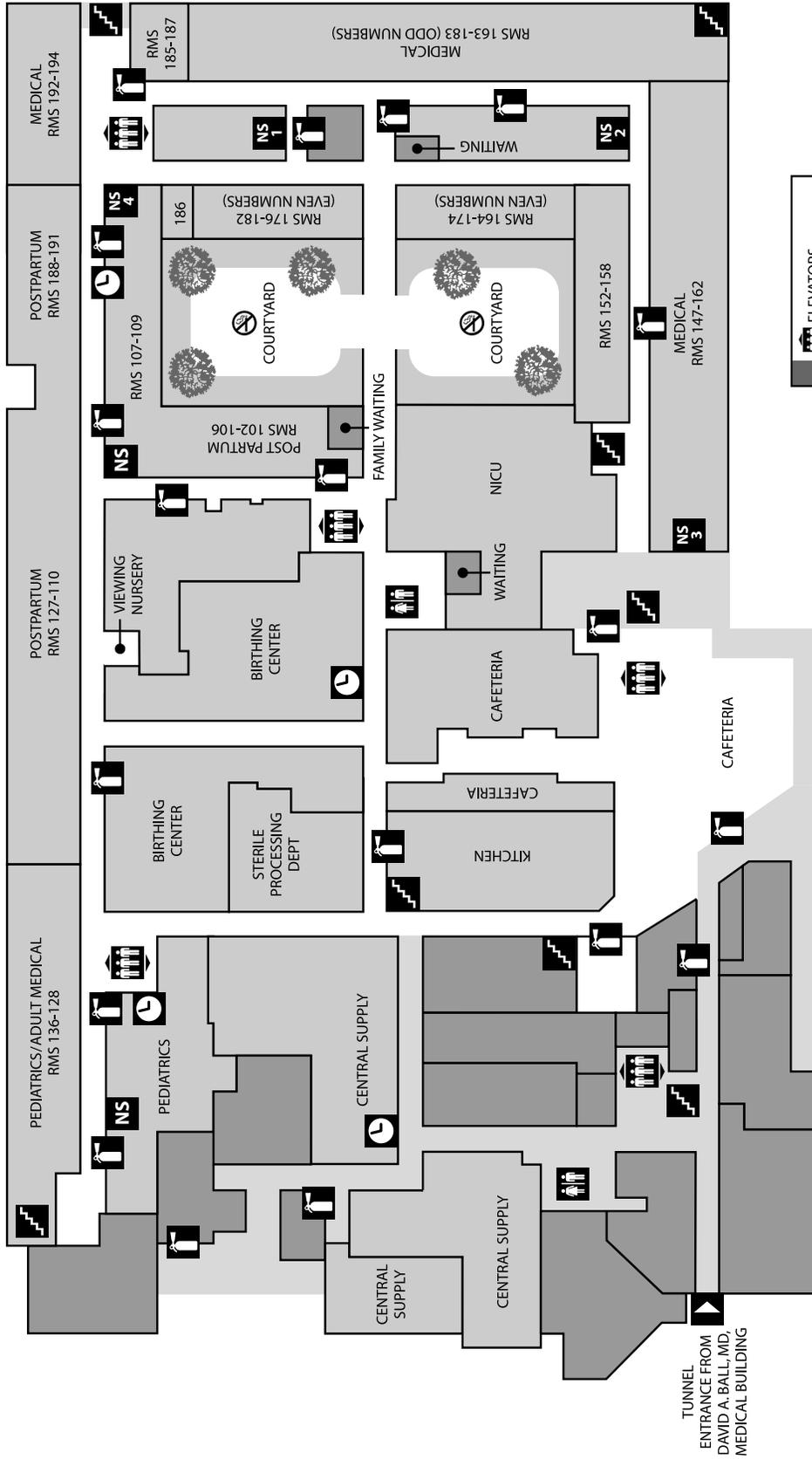
1. *Best Western*<sup>®</sup>  
3508 South Range Line Road  
417.781.6776  
Free continental breakfast with hot items, free laundry facilities, refrigerator and microwave on request, suites available, additional discount on extended stay of more than seven days
2. *Candlewood*<sup>®</sup> *Suites*  
3512 South Range Line Road  
417.623.9595  
Full kitchen, free laundry facilities, discount on extended stay of more than seven days
3. *Days Inn*<sup>®</sup>  
3500 South Range Line Road  
417.623.0100  
Free hot breakfast, pet friendly, smoking and nonsmoking rooms available
4. *Drury Inn & Suites*<sup>®</sup>  
3601 South Range Line Road  
417.781.8000  
Free hot breakfast, refrigerator and microwave, pet friendly
5. *Fairfield Inn*<sup>®</sup>  
3301 South Range Line Road  
417.624.7800  
Free hot breakfast, refrigerator and microwave
6. *Hampton Inn*<sup>®</sup>  
3107 East 36th Street  
417.659.9900  
Free hot breakfast, refrigerator and microwave, nonsmoking rooms only
7. *Hilton Garden Inn*<sup>®</sup>  
2644 East 32nd Street  
417.260.6700  
Restaurant, coin laundry facilities
8. *Holiday Inn*<sup>®</sup>  
3615 South Range Line Road  
417.782.1000  
Restaurant, coin laundry facilities, pet friendly, smoking and nonsmoking rooms available
9. *La Quinta Inn*<sup>®</sup>  
3320 South Range Line Road  
417.781.0500  
Free hot breakfast buffet, coin laundry facilities, refrigerator and microwave
10. *Residence Inn*<sup>®</sup> *by Marriott*  
3128 East Hammons Boulevard  
417.782.0908  
Coin laundry facilities, additional discount for extended stay of more than seven days, grocery shopping service

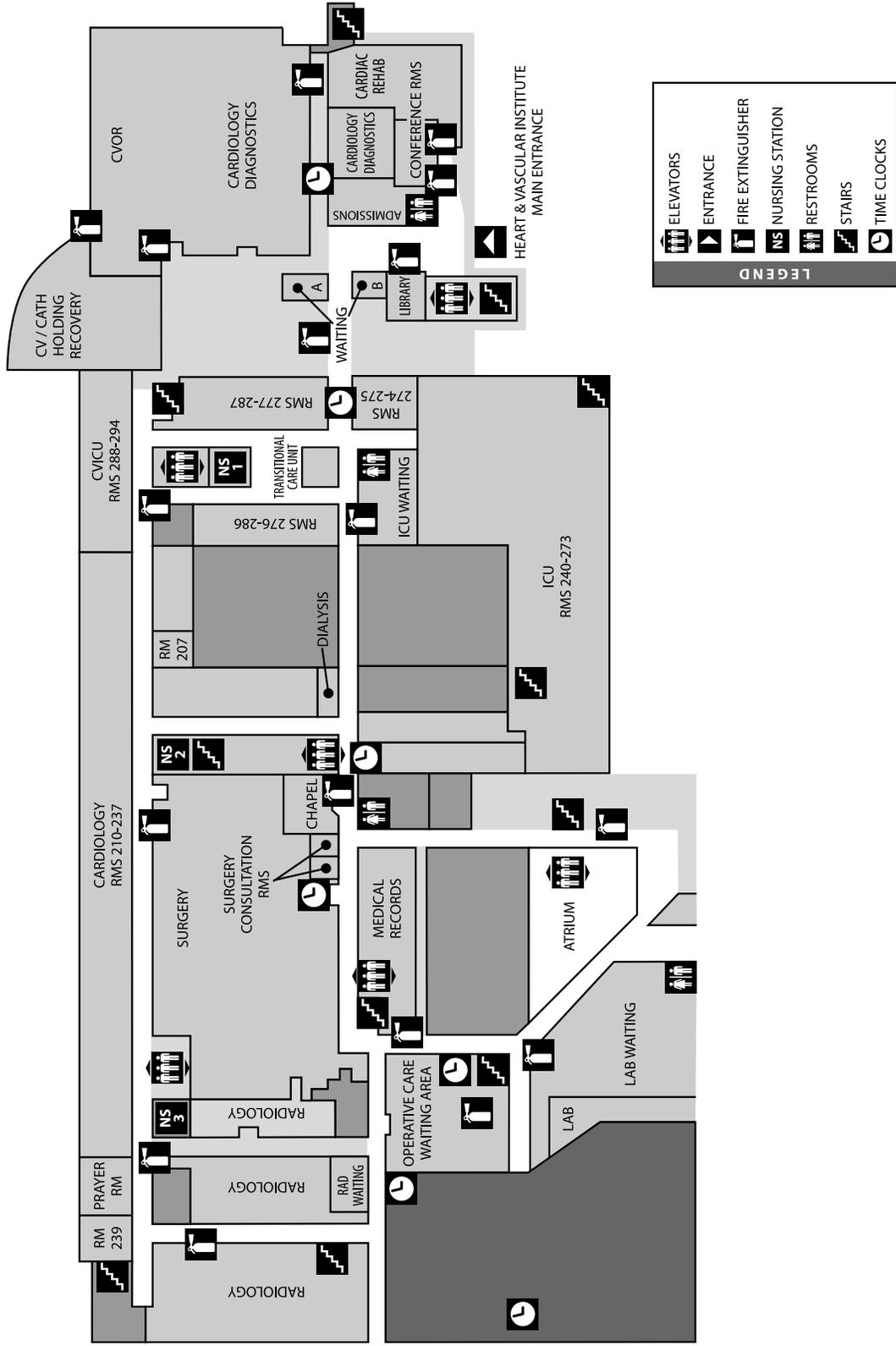


**FREEMAN  
HOSPITAL  
WEST**

**FREEMAN**  
Health System

**LODGING**  
Joplin, Missouri









**A. Healthcare Treatment Directive**

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I, \_\_\_\_\_, make this Healthcare Treatment Directive to exercise my right to determine the course of my healthcare and to provide clear and convincing proof of my treatment decisions when I lack the capacity to make or communicate my decisions.

If my physician believes that a certain life-prolonging procedure or other healthcare treatment may provide me with comfort, relieve pain or lead to significant recovery, I direct my physician to try the treatment for a reasonable period of time. However, if such treatment proves to be ineffective, I direct the treatment to be withdrawn, even if doing so may shorten my life.

1) I direct that I be given healthcare treatment to relieve pain or to provide comfort even if such treatment might shorten my life, suppress my appetite or my breathing, or be habit forming.

2) I direct all life-prolonging procedures to be withheld or withdrawn when there is no realistic hope of significant recovery and I have the following conditions:

- a terminal condition; or
- a condition, disease or injury without hope of significant recovery and there is no reasonable expectation that I will regain an acceptable quality of life; or
- substantial brain damage or brain disease which cannot be significantly reversed; or
- other \_\_\_\_\_

3) When the above conditions exist, I choose to have the following life-prolonging procedures withheld or withdrawn:

- surgery                       heart-lung resuscitation (CPR)
- antibiotics                       mechanical ventilator (respirator)
- dialysis                       tube feedings (food and water delivered through a tube in the vein, nose, or stomach)
- other \_\_\_\_\_

4) Do you now want to direct the donation of any bodily organs?     yes     no

a) Please indicate the specific bodily organs you want to donate:

\_\_\_\_\_

b) Please indicate any uses of your organs that are not acceptable to you:

\_\_\_\_\_

5) I make other instructions as follows: \_\_\_\_\_

\_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_  
(month, year)

Signed \_\_\_\_\_  
signature

\_\_\_\_\_  
city, county and state of residence

The declarant is known to me, is 18 years of age or older, of sound mind, and has voluntarily signed this document.

Witness \_\_\_\_\_ Address \_\_\_\_\_

Witness \_\_\_\_\_ Address \_\_\_\_\_



# Advance Medical Directives Form



## B. Durable Power of Attorney for Healthcare Decisions

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I, \_\_\_\_\_, hereby appoint \_\_\_\_\_  
declarant name of agent

of \_\_\_\_\_, phone number \_\_\_\_\_,  
agent's address agent's phone number

as my agent to make healthcare decisions for me if and when I am unable to make my own healthcare decisions due to incapacity. This gives my Agent the power to consent to giving, withholding, or stopping any healthcare, treatment, service, or diagnostic procedure. In exercising this authority, my Agent should follow my desires as stated in my Healthcare Treatment Directive (if I have issued one) or as otherwise known to my Agent. THIS IS A DURABLE POWER OF ATTORNEY AND THE AUTHORITY OF MY ATTORNEY IN FACT SHALL NOT TERMINATE IF I BECOME DISABLED OR INCAPACITATED OR IN THE EVENT OF LATER UNCERTAINTY AS TO WHETHER I AM DEAD OR ALIVE. If the person named as my Agent is not available or is unable to act as my Agent, then I appoint:

\_\_\_\_\_ of \_\_\_\_\_,  
name of alternate agent address

phone number \_\_\_\_\_, with the like power to act in my Agent's place instead.

Signed this \_\_\_\_\_ day of \_\_\_\_\_  
(month, year)

Signed \_\_\_\_\_  
city, county, and state of residence

This declarant is known to me, is 18 years of age or older, of sound mind, and has voluntarily signed this document. I am not the person appointed as the Agent by this document.

Witness \_\_\_\_\_ Address \_\_\_\_\_

Witness \_\_\_\_\_ Address \_\_\_\_\_

### TO BE COMPLETED BY A NOTARY PUBLIC

STATE OF MISSOURI

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_

personally appeared the declarant, \_\_\_\_\_, and

\_\_\_\_\_, \_\_\_\_\_, the witnesses respectively,  
 whose names are signed to the foregoing instrument, and who in the presence of each other, prescribed their names to this Durable Power of Attorney for Healthcare at the request of the Declarant, and that at the time of execution of said declaration, the declarant was over 18 years of age and of sound mind.

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_



# Intensive Care Unit (ICU) Family Experience Survey

Tell us how we're doing! Freeman Health System strives to provide the highest quality care for our patients. We thank you in advance for completing this survey.

**INSTRUCTIONS:** Each family member should complete a survey only once. Please circle the answer that best describes your experience. Use space provided to add comments on your experience. When you finish, please fold the survey and return it to an ICU nurse or staff member.

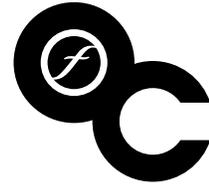
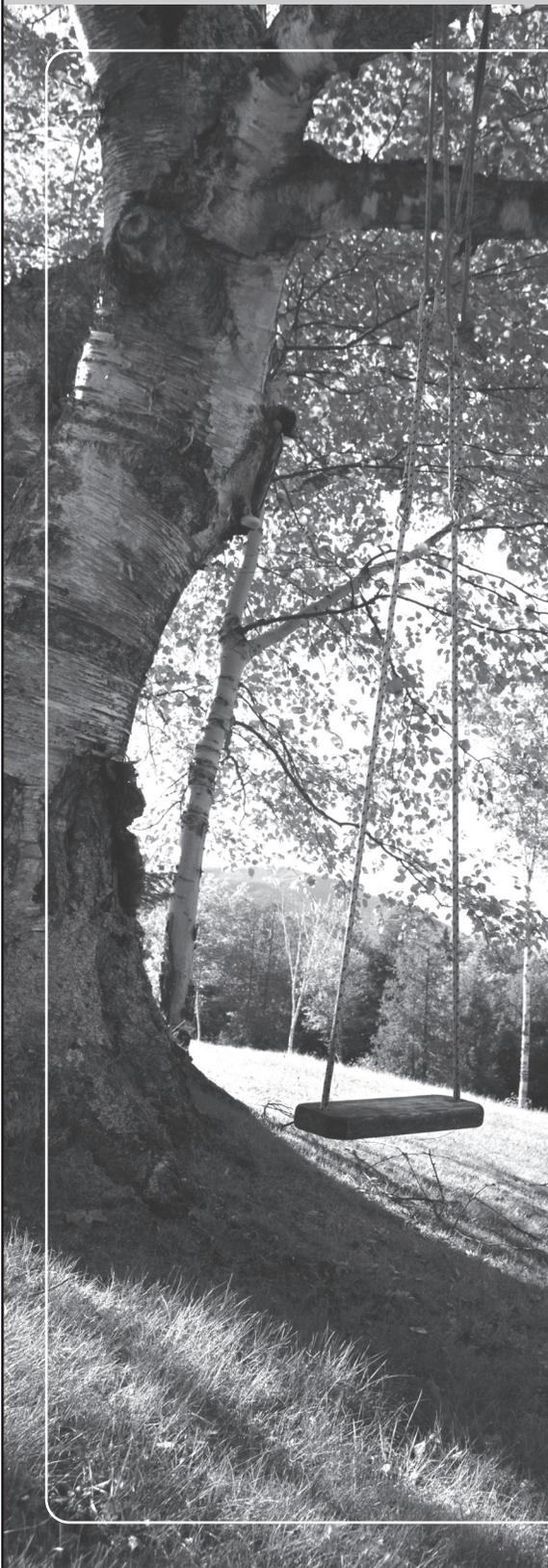
1. Date of visit:   /   /      
m m d d y y y y

2. Who is filling out this survey?  
 Spouse    Significant other    Parent    Grandparent    Sibling    Aunt    Uncle    Child    Other

	Always	Usually	Sometimes	Never
3. My family member received excellent care. Comments (describe experience):	4	3	2	1
4. The healthcare team kept me well-informed about my family member's care and condition. Comments (describe experience):	4	3	2	1
5. The doctors took time to answer my questions. Comments (describe experience):	4	3	2	1
6. I felt comfortable asking questions. Comments (describe experience):	4	3	2	1
7. Explanations of tests, procedures, treatment, and conditions were clear and easy to understand. Comments (describe experience):	4	3	2	1
8. The healthcare team listened to me. Comments (describe experience):	4	3	2	1
9. The healthcare team encouraged me to help care for my family member. Comments (describe experience):	4	3	2	1
10. The healthcare team supported me. Comments (describe experience):	4	3	2	1
11. I felt welcome in the ICU. Comments (describe experience):	4	3	2	1
12. Explanation of visiting hours and the importance of my family member's need to rest was clear and easy to understand. Comments (describe experience):	4	3	2	1

Additional comments: \_\_\_\_\_





# Ozark Center

we listen...we care

417.347.7600 | [ozarkcenter.com](http://ozarkcenter.com)

**Ozark Center is the area's largest and most comprehensive behavioral healthcare provider.**

Our staff of trained professionals offers programs and services to help patients and their families overcome behavioral health difficulties. Each individual and his or her family receives a specialized treatment plan.

**Ozark Center provides confidential services including:**

- Acute inpatient care
- Autism services
- 24-hour crisis hotline
- Behavior healthcare for children
- Crisis intervention
- Grief counseling services
- Individual, group, family, and marriage counseling
- In-home support
- Psychiatric services and medication management
- Residential care for adults and adolescents
- Substance abuse/addiction services