

# FAMILY GUIDE INTENSIVE CARE UNIT

This guide helps families, friends, and caregivers of patients in the Intensive Care Unit (ICU) at the McGill University Health Centre (MUHC). We know this can be a difficult and stressful time. Our goal is to provide important information, practical tips and resources to support you as a partner in care. Inside, you will find information about the ICU, the healthcare team, visiting rules and ways you can be involved in care. We hope this guide answers your questions and offers comfort and support.

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# Visiting a family member in the adult Intensive Care Unit

## Guide for families

### Welcome

This guide is for families, friends and caregivers of patients in an adult Intensive Care Unit (ICU) or a Coronary Care Unit (CCU) at the McGill University Health Centre (MUHC). **You are a valued part of the care team. We know this may be a difficult time, and we are here to support you.**

In this guide, “family” means anyone close to the patient, including friends and caregivers.

There is a team of professionals here to help both you and the patient. This guide has useful information for you, but it does not replace talking to our team. Please feel free to ask us any questions—we are here to help!

### Indigenous Patients and Families: A commitment to caring and working together

Our team is here to support Indigenous patients and their families with understanding and compassion. We listen and work together to provide safe and respectful care that honours your needs. This [guide](#) includes resources for Indigenous patients at the Montreal General Hospital, applicable to all MUHC sites.

### Respect and Civility at the MUHC

**The MUHC’s Respect and Civility Policy states that each member of its community commits to adopting and maintaining behavior that is respectful and civil, free from harassment and any form of violence.**

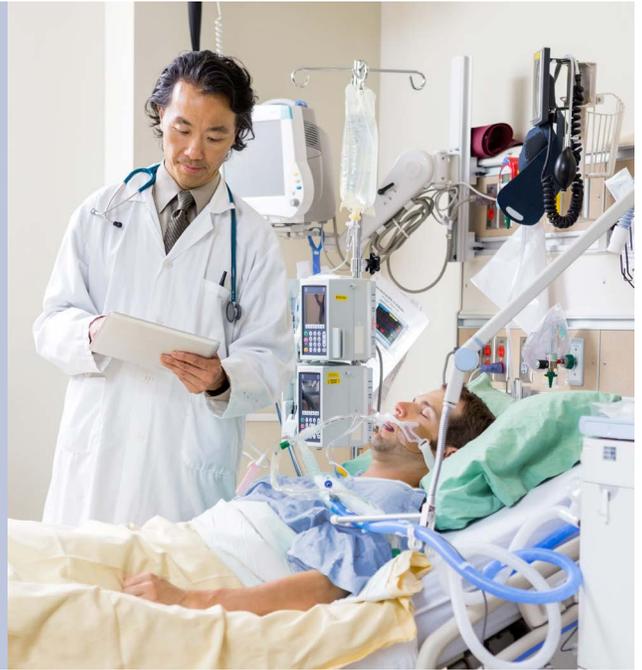
**Treating each other with respect helps us face challenges together.**



## What is an Intensive Care Unit?

An Intensive Care Unit (ICU) or Coronary Care Unit (CCU) gives specialized care to patients. When a patient is in this unit, the team will check on them often.

The environment can be unfamiliar. The patient may have machines, tubes, and monitors attached to them. Seeing the patient for the first time in this environment can be frightening or upsetting.



## Your healthcare team

A team of professionals care for the patient. Please do not be afraid to ask someone who they are and what they do. They are here to work with you to provide the best possible care and experience.

Here is a list of the healthcare professionals you will meet most often. If needed, other professionals will be called to help:

- **Registered Nurses (RNs)** : Specialize in critical care and provide patient care, often for one to two patients per shift, 24 hours a day, seven days a week.
- **Family Nurse** : In some ICUs, a nurse is dedicated to supporting and guiding families during their stay.
- **Intensivists (Doctors)** : Oversee patient care, consult specialists, and order tests and medications.
- **Residents & Students** : Assist intensivists while training in Critical Care.
- **Patient Care Attendants (PABs)** : Assist with daily care (bathing, feeding, mobilizing).
- **Unit Clerk (UCs)** : Greet families and manage test bookings, admissions and discharges.
- **Dietitians** : Plan nutrition, including tube feeding if necessary.
- **Occupational Therapists (OTs)** : Help patients regain function for daily activities.
- **Physical Therapists (PTs)** : Focus on improving movement and physical recovery.
- **Respiratory Therapists (RTs)** : Manage breathing support and ventilators.
- **Speech-Language Pathologist (SLP)** : Help patients regain the ability to speak, understand, and swallow safely.
- **Social Workers (SWs)** : Provide emotional, practical, and bereavement support.
- **Pharmacists** : Assist with medication management.
- **Spiritual Care** : Offer emotional and spiritual support for all beliefs.
- **Volunteers** : Greet and offer hospital information.
- **Students/Researchers** : May be present for learning and research purposes. Participation in studies is voluntary.

# What to expect in the ICU or during hospitalization

## The first few hours after an admission

When a patient arrives in the ICU, the healthcare team works to assess and stabilize them. The first hours are essential for the patient's care, so you may need to wait for updates. Rest assured, the patient is closely monitored and the team is doing everything to provide the best possible care.

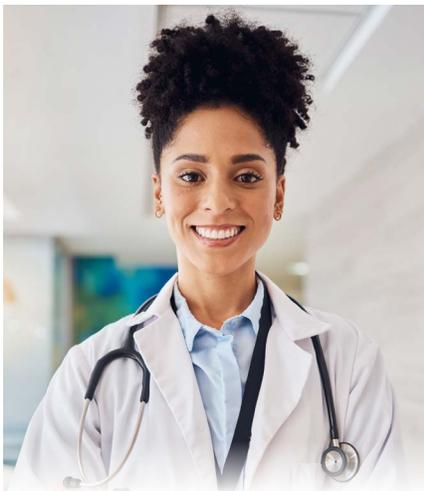
## Identifying a Main Contact

If there are several family members involved, it is important to choose one person as the main contact. The patient can choose who they want us to contact for updates. If the patient cannot make this decision, we will work with you to find the right person to be the main contact.

## Working together on healthcare decisions

In the ICU, healthcare decisions are made by the patient (when possible) or their representative, with the medical team. Family members may also be involved, if the patient wants, along with other healthcare professionals. The main goal is to make choices that best reflect the patient's wishes from the options available.

If the patient can express their wishes, ask them what role they want you to play in their care. Make sure the healthcare team has the contact information for the person the patient trusts to make decisions, if needed.



## Roles in decision-making

**The doctors:** Doctors explain the patient's condition and what might happen next (the "prognosis"). They share treatment options with the patient or representative. They discuss the risks and benefits of each option while considering the patient's needs and medical conditions. They offer support and answer any questions. With the healthcare team, they recommend the best care plan to the patient.

**The patient:** When the patient is capable, they can decide themselves whether to refuse or accept the offered treatments, based on what matters most to them.

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### Capacity to consent to care means...

...that a person can understand the information about their condition and treatment options, recognize how the risks, benefits, and potential outcomes apply to them, make choices based on their wishes, and communicate them clearly

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## Roles in decision-making (Cont'd)

**The patient's representative:** In Québec, if a patient has not identified a representative, the law defines who can represent them.

If the patient cannot make decisions, the representative helps the healthcare team understand what the patient would want. They make decisions based on the patient's values, goals and best interests.

Here are some tips for being a representative :

- **Communicate openly and respectfully with the healthcare team :** Working together and sharing information helps everyone make the best decisions for the patient.
- **Consider what matters most to the patient :**
  - What's most important to them (e.g., comfort, independence, being with family, etc.)?
  - Have they seen someone else in a similar situation? How did they respond?
  - Has the patient shared any wishes, values or fears about their care?

**The family:** The patient may want family members by their side for support. Family can provide valuable information about the patient's health, past treatments, goals and values. This helps the team create a care plan that respects the patient's wishes.

## Care, treatments and daily rounds

Patients have a care plan based on their condition. Throughout the day, different team members and specialists will visit, do tests, and provide treatments as needed. Every day, the healthcare team also meets to check on the patient's progress and discuss treatment goals. After daily rounds, the main contact person can receive an update. The healthcare team may also schedule a time to answer any questions.



## Transfers from ICU to another unit

Once the patient is stable and can be transferred, they will go to another unit, hospital, or home (if appropriate). The healthcare team makes this decision based on the patient's condition. We will work together to make sure the patient's transfer is safe and successful.

The transfer to a regular hospital unit is an important step in the patient's recovery journey. Here is what families can expect during this transition :

- **New environment:** The regular unit may have a different environment compared to the ICU. It is usually less intensive, with fewer medical devices and monitors. This change may take time for both the patient and the family to get used to.
- **Continuity of care:** The patient will continue to receive high-quality care from a dedicated healthcare team, including doctors, nurses, and specialists. The focus will shift from acute care to rehabilitation and recovery.



## Discharge home and the Critical Illness Recovery Centre (CIRC)

When the patient moves to another unit, we will invite you to help plan for their return home. Early planning is key, even if discharge seems like a while away. We encourage you to discuss any concerns with the care team on the new unit, so we can work together to make the transition home as smooth as possible.

The **Critical Illness Recovery Centre (CIRC)** program (for ICU only) supports patients in recovering physically and emotionally, after their ICU stay, helping them adjust to everyday life. The family nurse may introduce the program during the hospital stay and ask for permission to contact you after the patient is discharged.

## How to visit the different ICUs

### Montreal General Hospital

- **MGH ICU** : Located on the 9th floor. Family members must call from the phone in front of the elevator to find out where the patient is before entering the ICU.

If there is no answer, it means that there is no clerk at the desk and the team is busy with patient care. Please call back in 15 minutes.

- **MGH CCU** : Located on D11 west side

### Royal Victoria Hospital – Glen site

- **Intensive Care Unit** : Located in block D on the 3rd floor (D3-ICU): D03-7036
- **Coronary Care Unit** : Located in block C on the 7th floor (C7-CCU): C07.4612

### Montreal Chest Institute – Glen site

- **Respiratory / Pulmonary Intensive Care and Weaning** : Located in block D on the 8th floor (D8-ICU): D08.4133

### The Neuro (Montreal Neurological Institute-Hospital)

- **Neurological Critical Care Unit (NCCU)** : Located on the 4th floor. If this is your first time visiting the NCCU, ring the bell outside the main NCCU doors. Our staff will open the doors and help you find your way.
  - <https://www.mcgill.ca/neuro/patients-visitors>



# Visiting guidelines and key information

## Visiting hours

- **Hours:** Visiting hours are from 8 a.m. to 9 p.m. If you cannot visit during these hours, please tell us, and we will try to accommodate your needs.
- **Quiet hours:** Quiet hours are a time for patients to rest and heal. It is also a good opportunity for you to take a break and care for yourself. Families may be allowed to stay in the waiting room after visiting hours or have short visits during the night for specific situations, depending on the healthcare team's approval.

## Temporary absence from the bedside

There are times when you may be asked to leave the bedside temporarily, such as :

- During **invasive procedures** that require more space for the team to work safely or to maintain a sterile environment and prevent infections.
- To protect the **patient's dignity and privacy** during specific care procedures.
- During **shift changes**, which takes place every 8 or 12 hours, usually around :

▫ 7:30 a.m.

▫ 3:30 p.m.



▫ 7:30 p.m.

▫ 11:30 p.m.



During this time, nurses and other professionals give reports and hand over care to the next shift, which takes approximately one hour. You will be asked to leave the unit to protect **patient confidentiality**.

## Number of people at the bedside

Two people (family or visitor) per patient can be at the bedside at the same time. Flexibility is provided for end-of-life situations or other exceptional cases. Larger groups are encouraged to stay in the cafeteria area.

## Family space

Family spaces are available in most areas at all MUHC sites. A prayer and meditation room is open 24 hours a day, seven days a week.

## Children visiting

Children are allowed to visit the ICU, but arrangements must be made to ensure everyone's safety. Please speak with the nursing staff before bringing children. This environment can be frightening for children, but it can help them understand what is happening to the patient. The nurse can help you prepare your child for the visit and make the environment less scary. An adult must always directly supervise children. Only one child under 12 years old can visit at a time.

## Infection prevention and safety

Infection control is critical in the ICU to protect patients, staff, and families. Here are measures you must follow :

- **Washing your hands** often is essential to reducing the spread of infections in the hospital. When visiting the ICU, you will be required to wash your hands with disinfectant solution before and after touching the patient or their environment.
- **Do not visit** if you are feeling sick (e.g., runny nose, cough, nausea, vomiting or diarrhea).
- **Please follow any instructions** given by the ICU team to help prevent infections and ensure safety.



## Equipment and alarms

The ICU uses a lot of equipment and machines to properly monitor and treat the patient. Most of this equipment is attached to the patient by tubes or wires. You will hear a lot of different sounds and ringing alarms from these machines. The ICU nurses are specially trained to monitor and interpret the alarms.

It is important to note that **not every sound or alarm indicates an emergency.**

## Food

Food and beverages are sold in the hospital, but not available 24 hours a day, seven days a week, except for vending machines. Note that the cafeterias (except for the Neuro) do not accept cash. Only debit and credit cards are accepted. Ask a volunteer or healthcare worker to guide you to a quiet place where you can rest and eat.

Please do not bring, drink or eat food in the patient's room in the ICU. Many patients are fasting or have dietary restrictions, and the smell of food (such as coffee) can make things harder for them. Being thoughtful helps create a better environment for their recovery.



## No scent policy

Please do not wear perfume or bring flowers when visiting the ICU. Strong smells can make breathing problems worse for patients and can cause allergies or discomfort.

## Taking photos or videos

We have a legal and moral obligation to protect the confidentiality of patients and staff members. **Please do not take photos, captures or videos of patients, staff, or medical equipment.**



# Family as partners in care

As a family member of a patient admitted to the ICU, you play an important role in the patient's well-being and recovery. Your support is essential. **Families are more than just visitors; they are partners in care.** Below are some key details about how you can get involved. If you see other ways to participate or have questions, please don't hesitate to ask.

## Taking care of yourself

**What you are going through is difficult, it is important to take care of yourself.** Personal hygiene, eating well and sleeping enough will help you cope with this situation and give the support the patient needs for recovery. Taking breaks from the hospital is also important. Know that the patient is always cared for and never alone in the ICU. You may need to talk about what you are going through with family, friends, or a professional. You may also need help with daily tasks at home. This is all normal.

## How you can get involved

### Provide comfort

- Be there to offer your presence and emotional support.
- Help the patient stay connected with life outside the hospital.
- Do activities that you and the patient love and enjoy.
- Support their spiritual and emotional well-being, including participating in spiritual or religious practices if appropriate.

### Practical support

- Transport personal belongings and people to and from the hospital, as needed. Ask the nurse which items you can bring. Leave any valuables at home.
- Help with daily activities. Some families like to be more involved as the patient is recovering. Please ask the nurse what you can do to help.



## Active participation

If you are the main contact and/or the representative for the healthcare team :

- Let them know how you want to be updated and what kind of information you need to feel involved.
- Stay informed about the patient's health and treatment plans.
- Ask questions to better understand the patient's condition and treatment.
- Share relevant details about the preferences and medical history of the patient to improve their care.

You can write down your questions to remember them when the healthcare team meets with you. Stress also makes it harder to understand and remember new information.

Below are some examples of questions you can ask :

- What treatments and care the patient is receiving?
- What is likely to happen with the patient's illness or condition?
- Will the patient have permanent effects or side effects?
- Is there anything I can do to make the patient more comfortable?

## Keeping an ICU journal or diary

A journal can be helpful for patients and families during an ICU stay. Families and the care team can share messages and updates to support the patient's recovery.

If you want to start an online journal, ask the family nurse or social worker.

## Delirium

Delirium is a type of confusion that can happen to ICU patients. It is common in the ICU because of the stress of being very sick, certain medications, or the changes in sleep and routine. Delirium usually gets better with time and care. If you have any questions about it, please let us know. We're here to help you understand and keep the patient as comfortable as possible.

## End-of-life care

If you are worried that the patient might not recover, you can ask :

- What is likely to happen?
- Where is this going?

We know these conversations can be difficult and our team is here to support you. It is OK to talk to us if you feel that, based on what you know about the patient, they may not want to continue with certain treatments given their current state and quality of life. When you're ready, sharing these thoughts with the team can help us make sure we are doing what's best for the patient.

# MUHC WEB SITE LINK, OTHER RESOURCES AND COMMENTS

We invite you to visit our  
MUHC website: <https://muhc.ca>  
where you will find information on :

- Visiting guidelines
- Parking
- Food services
- Wifi access
- Ombudsman/Complaints commissioners
- Spiritual care
- End of life
- Commercial venues
- Etc.



Share your feedback and comments with us

Your comments and suggestions are important to us.  
Please do not hesitate to complete this form to give your  
feedback on this guide and your experience in ICU:

<https://forms.office.com/r/KGYSxGZeG2>

Help improve care

Become a patient or family partner.

Your experience can help improve care at the MUHC.

[muhc.ca/patient-partners](https://muhc.ca/patient-partners)



Share with us your ICU experience -  
Answer this short survey





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