

Neurocritical Care Unit NCCU Family booklet

NCCU, Room 492, 514-398-1921

The Neuro, 3801 University Street Montreal, Quebec H3A 2B4





Important: Information provided by this booklet is for educational purposes only. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.

This document is also available on the MUHC Patient Education Office's website: www.muhcpatienteducation.ca

Having a loved one in the Neurological Critical Care Unit (NCCU) can be very stressful. As a loved one or caregiver of a patient admitted to the NCCU, you play an important role in their well-being and recovery. Your support and care are essential.

We think of you as a valued member of the NCCU team. In this booklet, we will refer to loved ones, family, caregiver, or friends of the patient as "family".

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Neuro Critical Care Unit (NCCU)



A Neurological Critical Care Unit (NCCU) is a unit in the hospital that gives specialized care for patients. When a patient is in the NCCU they will be checked on often by the team. The NCCU environment may be unfamiliar.

The patient may have machines, tubes, and monitors attached to them. Seeing your family member for the first time in this environment can be frightening or upsetting. We are here to accompany you in this period.

The NCCU is on the 4th floor of the Montreal Neurological Hospital. 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.

First few hours after admission

When someone is admitted into the NCCU, they are not the only person affected. We know that this is a very difficult time for you. You may feel helpless or feel a loss of control. We are here to support you as well. The information in this booklet will be very helpful. You can refer to it as you need or as things change. Please speak to a member of the NCCU team if you need more support or more information.



Sometimes, patients in the NCCU are very sick. They may be unconscious, unable to answer questions, and unable to make decisions about their care.

Since you know them best, you can help the team to understand what the patient's wishes might be. Some patients have advance medical directives, a protection mandate, or a living will. If the patient has one, share this with the team.

Appointing a main contact person

It's important to appoint one person to act as the main contact person.

This helps the team to share information quickly. We will ask you for the name and phone number of the main contact person.

The role of the main contact person:

- Be accessible to the team by telephone.
- Receive updates from the doctors and nurses about the patient's condition.
- Communicate information and updates about the patient's condition.
- Bring any questions or concerns the family, friends or loved ones of the patient to the team.

Keeping others informed

One of the first things you can do is to contact other family members and friends of your loved one. You know your loved one best. Who are the people most important in their life? Who else would your loved one want to know they are hospitalized? It is important to have one main person to speak for the family, loved ones or friends. We will ask for the name and phone number of the main spokesperson on admission.

Your role 3

Time may go by with little change in the patient's condition. It may seem that there is nothing you can do. However, there are many things you can do to help the patient, and to help staff. We understand that taking care of someone who is sick can look different for everyone. This can depend on someone's religious, spiritual, ethnic, or cultural background.

Helping the staff 4

Some families like to be more involved as the patient is recovering. Please ask their nurse what you can do to help. You may be able to help by brushing their teeth, massaging, moisturizing hands and feet, or helping with movement.

Helping your loved one

Coan

Shaving items

Deodorant

You know the patient best. You can talk with the patient about their family and friends, things that interest them, or even read to them. Remind the patient of the day of the week, today's date, where they are, and who is at the bedside.

The nurses may ask you to bring in some of the patient's personal belongings such as glasses or hearing aids. Speak to the patient's nurse before bringing any personal belongings and leave any valuables at home.

Items you can bring

☐ Facial ticcuos

ш	30up	ruciui tissues
	Body lotion	(e.g., Kleenex)
	Toothpaste/	Slippers
	toothbrush	Others
	Shampoo/	
	conditioner	
	Hairbrush/Comb	

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Partners in Patient Safety

As a member of the patient's team, you have a role in keeping the NCCU environment safe.

Washing your hands



This helps us prevent infections in the hospital. Patients in the NCCU are already very sick and may have trouble fighting another infection. To prevent this, wash your hands with soap and water or use hand sanitizer:

- → when you enter the NCCU,
- → before and after touching the patient,
- → before and after touching items in the patient's room or bedside (e.g., bedside table, bed, chair, etc.),
- → before eating food, and
- → when you leave the patient's bedside.

Isolation 2



Some patients are on isolation precautions. You may see the care team wearing gloves, a gown or other equipment when caring for the patient. If this is the case, you must follow special instructions. You can ask the nurse to show you how to put on and remove any protective equipment.

Protecting privacy

We try to keep every patient's information confidential. However, you may hear the team talking about other patients. Please help us protect everyone's privacy by not sharing information you overhear about other patients.

Other rules and policies







- → Do not visit if you are sick. This includes the common cold or flu.
- → Keep the space smoke free.
- → Do not wear perfume when visiting the patient.
- → Do not bring flowers, food or drink at the bedside.
- → Do not enter the patient's room or space in the NCCU when the curtain or door is closed. Please ask a member of the team for information.
- → Keep the hallways clear at all times. Please stay at the patient's bedside, or in the healing garden in room 105.

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The Neuro Critical Care Team



There are many different people that work and help out in the NCCU. For family, it can be confusing to figure out the roles of all these people. If you're not sure, ask them to identify themselves.

Primary physician/Intensivist

The physicians in the NCCU are also called intensivists. They are in the hospital or on call 24/7. They oversee all the patient's care. They coordinate tests, medications, and consult specialists. Working alongside the intensivist, there may be other physicians with various levels of training.

Neurologists or neurosurgeons

These doctors will look after the neurology or neurosurgical care.

Specialists

Other doctors called specialists will be consulted as needed.

Nurses

The nurses in the NCCU are specially trained and can help you understand the patient's care. Each patient gets individualized nursing care. Nurses care for 1 or 2 patients during their shift. They are an excellent source of information.

Physiotherapists

Physiotherapists work with the patient and the team to help mobilize the patient depending on the patient's ability.

Occupational therapists

An occupational therapist (OT) will assess the patient's ability to complete daily activities (e.g., self-care tasks, dressing, hygiene, etc.). They will assess a patient's ability to swallow safely. The OT may recommend different food and liquid textures if the patient has trouble swallowing.

Speech therapists

A speech therapist will assess the patient's ability to speak, understand, read, and write. They will help the patient, the family, and loved ones to better understand the kind of communication difficulties the patient has. A speech therapist will give advice about how to better communicate. Not all patients in the NCCU are seen by a speech therapist.

Respiratory therapists

Respiratory therapists check the patient's breathing. If the patient is using a device for breathing (e.g., a CPAP or ventilator), they will manage this care. Not all patients in the NCCU are seen by a respiratory therapist.

Dietitians

Dietitians will recommend a feeding plan based on each patient's nutritional needs. This includes finding the best way to feed a patient, either by mouth or through a feeding tube.

Social workers

Social workers provide psychosocial support to patients and/or family members, crisis intervention, and education. Social workers also help plan the patient's needs in the community. Not all patients in the NCCU are seen by a social worker.

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→ Patient care attendants (PCAs)

PCAs support the physical care needs of patients. This may include feeding, bathing, turning and positioning, and helping to mobilize the patient.

Unit coordinator

The unit coordinator receives your phone calls and greets you when you enter the NCCU. They can give directions and answer questions about the hospital.

Neuro Critical Care Routines

Some things that take place during the day in the Neurological Critical Care Unit include:

- → shift changes,
- → daily rounds,
- → consultations by different team members, tests and scans, and
- → early mobilization.

Daily rounds usually happen between 8:30 in the morning until early afternoon. They take about 15-30 minutes for each patient. The NCCU team reviews the patient's status, plans and goals of care for the day. After daily rounds, it's a good time to get an update on the patient's status.

Visiting hours

The NCCU has open visiting hours from **8 a.m. to -9 p.m.**This means that you may visit during those times, however, we are not available to answer your questions during the following times:

7 a.m. to 8:15 a.m.	7 p.m. to 8:15 p.m.
3 p.m. to 4:15 p.m.	11 p.m. to 12:15 a.m.



Please limit visitors to one (1) person at a time.

Exceptions may happen for palliative patients and patients with special needs. It's the patient or the family who decides who may visit.

Shift Change and report happens at these times. At these times, nurses and other professionals give a report and hand over care to the staff of the next shift. They cannot be reached by telephone during these times. Following this shift report, the nurses document patient assessments and organize care.

We recommend you come to visit your loved one after 11 a.m. The reasons for this are:

- → Most of the rounds are done in the morning. After rounds they will be more available to answer questions.
- → Most tests are done in the early morning. You may be asked to wait in another area until these tests are finished.
- → Nurses will have done their assessments. They will be more familiar with the patient's condition and be able to answer your questions.
- → If it is not possible for you to visit after 11:00 am, let us know so we can discuss and put a plan in place.

You may be asked to leave the bedside temporarily, even during visiting hours. This may be because of the limited space in the NCCU, or to give staff room to do their job safely (e.g., to change a dressing, do a procedure or test, etc.).

Children in the NCCU

Children are allowed to visit. Please speak with the nursing staff beforehand. The NCCU environment can be frightening, but it can help children understand what is happening to the patient. The nurse can help you prepare your child to visiting the NCCU and make the environment less scary.

You can also ask for the booklet: "Welcome to the Neuro ICU" which will give more information about preparing a child to visit the NCCU.



Your Loved One's Stay in the NCCU

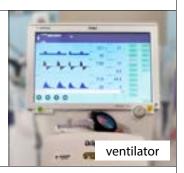
A patient's length of stay in the NCCU depends on many things. For example, their diagnosis, how sick they are, other health conditions, and how they are responding to treatment. Patients may need different levels of support while in the NCCU.

This may include support to help them breathe, sedation and pain management, nutrition, and others.

You will hear a lot of different sounds and alarms coming from some of the machines in the NCCU. It is important to remember that not every sound or ringing alarm means there is an emergency. Nurses are specially trained to attend to the alarms.

Breathing support

Some patients may need help to breathe. This could be because of their neurological condition or because of a respiratory condition. There are many devices that might be used to help with breathing.



The choice of device depends on the patient's breathing. When a ventilator is used, a breathing tube needs to be inserted in the patient's windpipe. This can be uncomfortable, and many patients will get medications to keep them comfortable and calm.

Sedation and pain management

In the NCCU, there are many medications that are used to keep patients calm and comfortable. Some medications work better for anxiety, others for pain or shortness of breath. When patients get sedation, they may look like they are sleeping. Although they can't respond to you, you can still speak to them.



As the patient gets better, the NCCU team will consider stopping some treatments including breathing support and sedation. This is referred to as "weaning".

Nutrition

A concern of many loved ones is nutrition and you may worry about whether the patient is hungry. Many patients in the NCCU cannot eat the same texture of food as before. In such cases, the occupational therapist and the dietician will create a plan. This can include a modified solid/thickened liquid diet or a feeding tube.



Mobilization

Helping patients to sit, stand or walk as early as possible helps them recover. The NCCU team will support the patient to mobilize as soon as it is safe.

Other treatments

Each patient is connected to a machine called a cardiac monitor. This helps the team check the patient's heart rate, blood pressure, and oxygen saturation.



The patient may get many other treatments or medications. For example, they may receive continuous medications intravenously (also called a drip or infusions). A pump is used to give the intravenous medication correctly.

After being in the NCCU, it may take someone months to recover. This is because many NCCU patients may have been asleep, unconscious, or sedated. Patients may have nightmares, hallucinations or have trouble remembering what happened to them. Some patients may even experience delirium.



Delirium

Your loved one may not be themselves during their NCCU admission. They may seem confused, forgetful, excited, angry, confused, scared, paranoid or emotional. They may have trouble paying attention or thinking clearly.

You may hear the word "delirium" to describe the patient's state. NCCU nurses check for delirium and intervene if needed. However, you know the patient best and can help.

You can do this by:

- → Letting the nurse know if you notice changes in mood or behavior.
- → Reminding the patient of the day of the week, date, where they are and what happened to them.
- → Bringing glasses, hearing aids and family pictures.
- → Talking with the patient about their family, friends or familiar topics.

Transferring to an In-patient Unit



When the patient is well enough to leave the NCCU they will be moved to a regular hospital room on a unit. The nursing ratio is not the same on the unit as in the NCCU, and this might be confusing for the family. However, the patient will still be seen by a doctor daily and receive excellent care from the nursing team based on their needs.



Recovery is often a long and slow process. The patient may still need to re-learn many things such as walking, eating, drinking or even breathing independently

This change may be difficult, but it also means your loved one doesn't need as close monitoring as in the NCCU. The team on the unit will be looking at the next steps to plan the discharge of the patient from the hospital.

What should I expect at transfer?

You may notice that the machines, lines or tubes attached to the patient have been removed over time. However, the team will prepare a rehabilitation plan according to the needs of the patient. The physiotherapist and occupational therapist may give the patient exercises to include early mobilization to the chair or walking with assistance. Other health care professionals will also make recommendations.

Keep Yourself Well

Everyone's experience and coping with a loved one's admission to hospital is different. This can depend on your own religious, spiritual, ethnic, or cultural background or your values and beliefs. You might feel guilty for not being with the patient all the time. However, taking care of yourself is important. The NCCU is a busy, noisy, and stressful environment.

Take the time to rest; to eat healthy meals; get fresh air and take time away from the hospital. Family and loved ones may want to rotate family members and friends visiting at any given time. This allows everyone some time to rest.



Sleep

Families of patients in the NCCU can become exhausted. Sleep is important to keep you feeling and thinking normally. Remember that the NCCU team is caring as closely of your loved one even at night. The team will monitor and care for the patient while you rest. You will also be updated about any changes.



Nutrition

It is important to take the time to eat. Even if you do not feel hungry, try to eat something small and nutritious. The hospital can also be very dry, so remember to drink water.



Physical activity

It can help you cope with the stress of having a loved one in the NCCU. Even a short walk outside the hospital can help you recharge.



Keeping a journal

It can help you process what happened and make sense of it. You can use the notes section in this booklet to write down your thoughts or questions.

Keeping others informed

It can be stressful to keep others informed if you are the main contact person. It can also be hard to remember everything that happened. Taking notes to share with others can help.



Getting support

Having a loved one in the NCCU can be distressing and scary.

Resources such as spiritual care and social work are available for more support. Speak to the nursing staff and they can help you contact the right person.

Managing help

Friends and family may want to help you. They may not know how to offer help or may ask "what can I do?" You may need assistance with daily tasks and chores, shopping or having meals provided for you. Welcome offers of rides to or from the hospital. Have someone listen to your worries and concerns. People usually are happy to provide practical help.

Areas and Services in the Hospital



There is a small cafeteria on the 3rd floor of the Montreal Neurological Hospital. The opening hours are Monday to Friday, from 7 a.m. to 5 p.m. and Saturday/Sunday, from 8 a.m. to 2 p.m.

Vending machines

The machines can be found on the 1st floor in room 153.

ATM Machine

The ATMs can be found on the 1st floor in room 153.

MUHC parking

Can be reached from Avenue des Pins west of University Street. The MUHC parking office can be reached at 514-934-1934 ext 34625.

McGill parking

Can be reached from University Street, north of the Hospital. This is closer to the hospital but more expensive if your permit is for more than one week. For more information, call McGill University Parking services at 514-398-4559.

Wi-Fi

Use guest.mcgill.ca to connect to the free Wi-Fi. If you are having trouble connecting, call 514-398-5358 or go in person to room 354.

Family waiting room



You can wait in the healing garden on the 1st floor in room 105. You can also wait next to the security desk on the 1st floor or in the family waiting room in room 346.

Prayer and meditation room

This room, located on the first floor in room 123, is a quiet place of prayer and meditation for people of all faiths. It is open to all and at all times.

Neuro-Patient Resource Centre



The Centre is found on the 3rd floor, room 354:

- •To get information on medical conditions and community services
- •To photocopy, print or use a computer.

It can also be reached:

- •by phone: 514-398-5358.
- •by email: infoneuro@muhc. mcgill.ca
- through Website: mcgill.ca/infoneuro

Accommodations

The Neuro Patient Resource Centre has a list of accommodations near the hospital.

The accommodations list is also available online here: mcqill.ca/infoneuro/online-resources/services/accommodations

Research

Research is a big part of the Montreal Neurological Hospital and Institute's mission. It helps us improve our patient care. Many research projects are taking place in the NCCU. During the patient's hospital stay you may be approached by a member of the research team.

> If you are interested in participating in research, you can contact our Research Manager, info-CRU.neuro@mcgill.ca

Telephone and Room Numbers

514-398-1921
514-398-6644
514-398-1900
514-398-5358
514-398-5542
514-398-1958
514-934-1934 ext. 22223
514-398-4559
514-934-1934 ext. 3462
514-934-1934 ext. 31968
514-398-5542
514-398-1916

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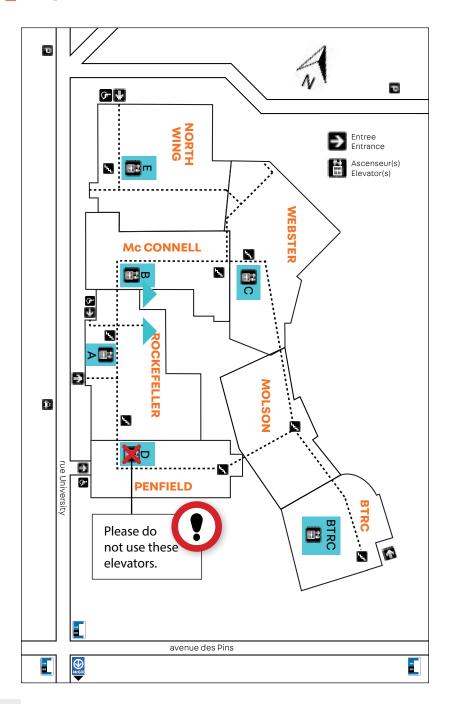
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Map









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www.mcgill.ca/neuro/patients-visitors/clinics-and-programs/neuros-neurocritical-care-unit-nccu









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