



Intensieve zorg 1 en 2

(Intensive care 1 and 2)

information for patients

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This brochure provides general information concerning intensive zorg 1 and 2, the hospitalisation units for intensive care in UZ Leuven and aims to answer practical and/or organisational questions. If, after having read this brochure, you have further questions, please do not hesitate to contact a nurse.

For general information relating to the hospital, please refer to the 'Consultation and admission at UZ Leuven' brochure or the website www.uzleuven.be. We make every effort to ensure that your family member's stay in our hospital progresses as smoothly as possible and wish you and your family member the very best.

The next page provides further information on informed consent, which relates to the provision of information on specific procedures. Please read this carefully.

The intensive care unit team

Intensieve zorg 1:

Groene straat (Green street), poort 7 (gate 7),
niveau 1 (level 1) (GR 7.1.a)

Intensieve zorg 2:

Rode straat (Red street), poort 1 (gate 1),
niveau 3 (level 3) (RO 1.3)

GENERAL INFORMED CONSENT MEDIUM/ INTENSIVE CARE

INFORMATION ON PROCEDURES AND YOUR CONSENT

You, your child, partner or close family member have been admitted to an intensive care unit. This admission was necessary because of the seriousness of the condition or because there was a considerable risk of the condition becoming critical.

Patients admitted to an intensive care unit are continually monitored for their vital physical functions such as consciousness, breathing, circulation and the functioning of the main organs. When necessary, support and treatment using medication and/or mechanical equipment are provided. To safeguard optimum monitoring of these vital functions we regularly have to insert catheters into central veins and peripheral arteries to measure blood pressure and execute regular blood analyses. We also use this central access to administer specific vital medications safely and effectively. In the event of a deterioration in, or failure of, the patient's breathing we need to insert a tube in the windpipe to supply oxygen via a ventilation device. During this procedure the patient will not be able to talk. To make the patient more comfortable we sometimes use painkillers, sedative and/or anxiolytic medication. Blood product transfusions are also frequently required.

Optimum diagnosis and therapy also regularly necessitate radiological imaging including computer tomography. These are all standard procedures that are part of the daily routine on an intensive care ward.

Sometimes the condition of an individual patient in intensive care may require additional monitoring of bodily functions or specific analyses and treatments. These may include surgical interventions, endoscopic or angiographic procedures, special radiological analyses, the initiation of kidney dialysis or other diagnostic or therapeutic procedures. All these procedures are associated with specific risks, which are obviously also determined by a patient's particular condition. For major procedures the physician who is treating you will inform you about the objective, necessity and risks of the intervention and possible alternatives. Once you have decided that you have received sufficient information to provide your consent, the physician will record your consent in your medical chart. This is referred to as 'informed consent'.

In rare cases the seriousness and urgency of the patient's condition will not permit consultation before the initiation of the procedure. In that case the physician who is treating the patient will proceed in good faith and with the patient's best interests in mind without prior consent. All necessary information about the procedure and indication will be provided afterwards.

We would also like to point out that the patient's freedom of movement will be slightly restricted while a tracheal tube is in place or the patient is still under the influence of painkillers or anxiolytic medication. Wrist bands attached to the side of the bed are used to prevent patients from moving their hands towards the tracheal tube or other vital tubes or machines. Also, if the patient becomes confused and as a result might endanger the success of the treatment, his/her freedom of movement may be restricted in the interest of his/her own safety.

prof. dr. Alexander Wilmer
prof. dr. Greet Hermans
prof. dr. Joost Wauters
dr. Philippe Meersseman
prof. dr. Marijke Peetermans

DESCRIPTION OF THE UNIT

The intensive care units 1 and 2 have 28 beds, distributed as follows:

- **Intensieve zorg 1 (16 beds):** Groene straat (Green street), poort 7 (gate 7), niveau 1 (level 1) (GR 7.1.a)
- **Intensieve zorg 2 (12 beds):** Rode straat (Red street), poort 1 (gate 1), niveau 3 (level 3) (RO 1.3)

You can reach intensieve zorg 1 by following the Green Street (Groene straat) from the reception hall to gate 7. You will then arrive directly at the waiting room.

You will reach intensieve zorg 2 by following the Red street (Rode straat) from the hospital's reception hall to gate 1. The waiting room is on level 3.

Each section comprises a number of single and double rooms. Unlike other hospital wards, male and female patients may be treated in the same room.

There are no private rooms on the intensive care ward. The single rooms are reserved as much as possible for patients who need to be nursed in isolation or for patients who need strict rest.

If a patient is isolated, the instructions for entering and leaving the room are on the room door. The treating physician or nurse will inform the patient and any visitors of this. Usually visitors need to disinfect or wash their hands really well on entering and leaving the room. If it concerns an airborne germ, an additional mask must be worn and the room door will remain closed.

During his/her stay in our ward your family member may be moved to a different room within the ward because of their condition or that of another patient, or for organisational reasons.

Patients who are in a critical condition, or seriously at risk of developing a critical condition, are admitted to the medium/intensive care ward. This ward monitors the patient's condition closely and continually and makes every effort to provide optimum care for the critically ill patient. The use of a 'monitor' is an important part of this monitoring process.

Treatment involves the use of quite complex equipment. At the intensive care units, many patients require short or long term support from ventilation devices. Sometimes we use machines that partly take over kidney, heart or liver function. Obviously the use of a number of powerful drugs is an essential part of the treatment. During their stay most patients require medication that suppresses their consciousness, makes them sleepy, suppresses anxiety or alleviates pain, particularly if they require support from ventilation devices.

Usually the patient's freedom of movement needs to be slightly restricted when a trachea tube is in place. Wrist bands attached to the side of the bed are used to prevent patients, who are often under the influence of painkilling and anxiolytic drugs, from moving their hands towards the tracheal tube or other vital tubes or devices.

University hospitals are constantly trying to develop new and better treatments, also in the intensive care unit. These studies are strictly controlled and monitored. In case of a possible participation, we always provide appropriate information and ask the patient or the next of kin for his/her consent.

STAFF

Patients and their families primarily have contact with **physicians** and **nursing staff**. There are also several other healthcare providers who contribute to the treatment and guidance of the patient.

Patient treatment at the medium/intensive care unit is supervised by a team of physicians, who have been trained specifically to treat critically ill patients. They are known as **intensivists**. This implies that the ultimate responsibility for the treatment of a patient in the medium/intensive care unit lies not with the physician or professor you (or your family member) visited for consultation or came into contact with at the unit. The referring doctor is, however, in close consultation with the intensivists.

The most intensive treatments preferably take place during the day, but a doctor is also present on each unit at night.

You will be told which doctors will look after you or your relative as soon as possible after admission. Several doctors will look after your relative. The doctor in charge may change during the stay because of the patient's work schedule and/or possible relocation.

Specially trained nurses monitor and nurse the patients. Intensive care units operate with extensive nursing teams.

Both units operate on the basis of the principle that, whenever possible, the same nurse should look after the same patients for

several days in a row. Nonetheless, you will come into contact with many different members of the nursing staff, particularly in the event of a longer stay, because the work schedule of the nursing staff is based on three shifts per day.

Physiotherapists have a specific task in the treatment of patients. They primarily focus on care for breathing, but also offer exercises to stimulate the circulation and enhance the strength and stamina of arm and leg muscles.

The **social workers** at the ward mainly focus on your, or your family member's, specific psychological or social needs. You can also contact them to discuss any problems relating to the hospital admission or psychological/social requirements.

Furthermore, you can call on a member of the **pastoral service** for a listening ear or if you have questions within the framework of your philosophy of life. Ask the nurse or social worker about this.

The **cleaning team** comes daily and cleans the floor, furniture and equipment around the bed.

All staff wear their name and position visibly on their clothing.

MEDICAL STAFF PERMANENTLY ASSIGNED TO THE UNITS

prof. dr. Alexander Wilmer

Medical Director general internal medicine

prof. dr. Greet Hermans

Medical Director general internal medicine

prof. dr. Joost Wauters

Medical Director general internal medicine

[dr. Philippe Meersseman](#)

Medical Director general internal medicine

[prof. dr. Marijke Peetermans](#)

Assistant Medical Director general internal medicine

The intensive care 1 and 2 units work closely with the other departments within general internal medicine and the following staff members attached to them:

[prof. dr. Wouter Meersseman](#)

Medical Director general internal medicine

[prof. dr. Liesbet Henckaerts](#)

Medical Director general internal medicine

There is also close cooperation with the cardiovascular diseases department, mainly with staff member [dr. Pascal Frederiks](#), supervisor of cardiovascular diseases.

VISITING TIMES

Visiting times for family members are limited to a few short periods per day. You will find more explanations about visitation times on an extra information sheet attached to this brochure. You can also contact the caring nurse for this.

To guarantee a peaceful environment for the patients we request that maximum two people visit the patient at the same time.

Notwithstanding the limited visiting times, you are free to call the number you have been given by the nursing staff day and night for information. We would request that one family member calls and

passes on the information to other family members, otherwise calls from several individual family members would take up too much of the nursing staff's time.

We like to keep the family up to date in the event of significant changes in the patient's condition and would, therefore, request that you leave the nursing staff a telephone or mobile number where we can contact you.

If you are visiting, please make sure you are present in the waiting room at the entrance to the unit at the start of the visiting hour. The nurse in charge will collect you from there and will indicate which family members have to wait a little longer before they can visit. We usually ask you to wait because an examination, which could not be executed at another time, is being carried out, or because the patient is receiving urgent medical care, or because the patient's condition has suddenly deteriorated.

When you are with your family member, the nurse will be your initial contact point. During visiting hours, junior doctors (assistants) are available to provide the desired information. However, keep in mind that this will not always be possible due to (unforeseen) busy times. If you would like to talk to a permanent member of the medical staff, please contact the nurse who is looking after your family member. He/she will make an appointment on your behalf.

Children under 12 years old cannot visit. In exceptional cases, when children's visits are advisable, they will be permitted following prior consultation with the nurse in charge.

Those who do not feel well or are ill do not visit. As a relative, you can always contact the unit to inquire about the patient's condition.

For patients who have little or no family, a close friend or neighbour is of course also welcome. Because a visit to a patient in an intensive care unit is very different from a visit in a regular hospital ward, we give you some tips below.

TIPS FOR VISITORS

Your first visit to your family member may be quite intimidating because of the array of equipment and tubes, bandages and tape attached to his/her body. In some cases your family member may not be able to talk as a result of the trachea tube in his/her throat. Please feel free to shake hands with, or kiss the patient, even if he/she cannot talk.

Once the nurse has given you the necessary explanation, he/she will leave you for a little while to give you some privacy.

Please don't be alarmed if you suddenly hear an alarm. Most alarms are warning or reminder signals that definitely do not indicate that something is wrong or that you are doing something wrong.

Flowers/plants cannot be accepted at the unit as water may be contaminated with large numbers of bacteria.

To protect the privacy of other patients, video and photographic cameras can only be used to record images of your family member for personal use.

Be mindful of distributing photos via social media for the sake of privacy (GDPR).

Filming is not allowed as conversations and images of other patients may be recorded.

Exceptions are possible only after consultation with the doctor and in the presence of a nurse.

Telephone information on patients' condition is only given if the care team recognises the person calling and/or if it has been specifically agreed who may receive telephone information.

PARKING AT UNIVERSITY HOSPITALS LEUVEN

For further information on our parking charges, visit www.uzleuven.be/en/parking. Should you have further questions please contact the reception desk in the entrance hall or the nursing staff.

ACCOMMODATION

Sometimes a patient's condition is so critical that it is best for the family to stay nearby. A long distance between home and hospital may also be a reason to stay near UZ Leuven.

There are several hotels in and around Leuven. The hospital collaborates with some hotels to offer rooms at preferential rates to patients' families. For more information, contact the social worker.

If your relative's condition is very critical, there is a possibility to stay overnight at the family residence at campus Gasthuisberg, near the unit. However, this facility is very limited. Therefore, in principle, the stay is allowed only for one night. For more information and arrangements, please contact the nurse in charge or the social worker.

You find more information about family accommodation on
www.uzleuven.be/overnachten en
www.uzleuven.be/familieverblijf.

CLOTHING, PERSONAL PROPERTY AND HYGIENE

Because the patient is often connected to – a large number of – tubes and cables it is not possible to use personal nightwear. You do not have to provide towels, face cloths, soap, toothpaste or shaving equipment either. The only personal affairs the patient needs are glasses, dentures and/or hearing aids. Please ensure that they are labelled with the patient's name to prevent errors. You may also bring photos, drawings or cards to make the patient's stay more pleasant and create a more familiar environment. To ensure hygiene and safety, the patient's jewellery and identity documents are given to the family on admission. This is usually already done on the nursing unit.

PRACTICAL DATA

ADDRESS

University Hospitals Leuven – Gasthuisberg Campus
Intensieve zorg 1, Groene straat, poort 7, niveau 1
Intensieve zorg 2, Rode straat, poort 1, niveau 3
Herestraat 49
3000 Leuven

TELEPHONE NUMBERS

Intensieve zorg 1	016 34 40 80	016 34 40 82
Intensieve zorg 2	016 34 40 50	016 34 04 60

WEBSITE

The University Hospitals Leuven website can be found at www.uzleuven.be. The website can be used to send an electronic greeting card to a patient staying at the hospital.

Visit www.uzleuven.be/en/greeting-card.

SUGGESTIONS FOR IMPROVEMENT ARE WELCOME

We attach great importance to the quality of our care and value your opinion about your family member's stay at our unit and your personal experience. Suggestions for improvement are more than welcome. They give us a better insight into our services and areas for improvement. Please submit your suggestions to the head nurse. Obviously we also welcome confirmation that you were satisfied with our service.

If you prefer to submit your comments and suggestions to an independent body, please complete and forward the form on the next page to the Ombudsman.

The University Hospitals Leuven Ombudsman can also be contacted by telephone or e-mail.

Contact data Ombudsman

University Hospitals Leuven
Ombudsdienst
Herestraat 49
3000 LEUVEN

Tel. 016 34 48 18

ombudsdienst@uzleuven.be

We would like to thank you for your recommendations and your faith in our service.

Name (not mandatory):

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Comments:

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Design and implementation

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