



Information for relatives

Intensive care ward

Dear relatives

You are visiting the intensive care ward at Basel University Hospital.

We would like to welcome you and provide you with some information in this brochure.

Our focus is on our patients

Our goal is to provide the best monitoring, treatment and care for our patients so that they can recover as quickly as possible. A team of doctors, nursing professionals and therapists work around the clock to ensure that this is the case.

In the event of critical changes in bodily functions, our health experts immediately initiate the necessary measures such as examinations and treatments. They help patients to deal with their health problems. The bedside equipment is used to monitor and support important bodily functions. Different alarm tones give us information about the necessary measures. Please don't be concerned by this.

Contact with relatives is very important for many patients who suddenly find themselves in a difficult situation.

You as relatives are very important

We know that a serious illness always also affects the relatives. The situation has an impact on many areas of your life. Questions often need to be answered and decisions taken. We want to build a good relationship with you so that we can be there together for your relatives.

Look after yourself and try to conserve your strength. This is particularly important when your relative stays with us for a long time.

Many relatives have told us that it helps to talk with other people. Let your friends support you. The nursing staff, doctors and care experts on the intensive care ward will also be happy to help you.

Either you or the nursing staff can contact a pastoral care worker if you are in need of religious support, regardless of your denomination or beliefs. For more information, see page 16.

We can also arrange access to other services such as psychological support or social services.



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Your visit

Visiting times are daily from 11:00 a.m.–2:30 p.m. and 3:30 p.m.–8:00 p.m.

Many patients on the intensive care ward need long rest periods. To support this and prevent waiting times, please **schedule your visits with us during regular visiting hours.**

The experts weigh up how long a visit makes sense. As a benchmark serves about an hour. In exceptional cases for the closest relatives visits are possible at any time.

The intensive care ward is located on the 1st floor of Basel University Hospital. It can be reached from the entrance at Petersgraben 4. The employees at the information desk will be happy to give you directions.

You're welcome to give us a call:

Ward A: +41 61 265 52 31

Ward B: +41 61 265 52 71

Ward C/D: +41 61 265 24 93

Upon request and if possible we will connect you with your relative.

Please try not to call us during the following handover times:

- 7:00 a.m. to 7:45 a.m.
- 3:00 p.m. to 3:45 p.m.
- 11:00 p.m. to 11:45 p.m.

Your relative may be able to use their own mobile phone. In this case, you may call them directly.

Please notify a reception employee when you arrive in the waiting room on the intensive care ward. If the reception area is closed, please use the telephone on the wall in the waiting room.

Please understand that you might experience waiting times. We will make every effort to keep these as short as possible.

You may be asked at any time to leave the patient's room for examinations, interventions, handovers and visits.

Important rules

These rules are aimed at providing the best possible care, ensuring patients' safety and protecting their privacy. However, we may make exceptions in some cases.

Preventing infections:

- Disinfect your hands before and after visiting the waiting area (instructions on the wall).
- The experts will give you further Information, e.g. on wearing a mask. Please follow these rules.
- Please do not visit if you are unwell and instead call us to ask about your relative's condition.
- For hygienic reasons, it is not permitted to bring flowers, plants or animals.
- Visits by children under 12 years of age are only possible by individual arrangement with the ICU team.
- You are not permitted to eat and drink in the intensive care ward. Drinks are available in the waiting room. The cafes on the ground floor in Clinic 1 and 2nd floor in Clinic 2 are open during the day (10:00 a.m. – 5:30 p.m.).



Protection of privacy and patient data protection:

- Only two visitors are permitted per patient at any one time.
- Please turn off your mobile phone. Private telephone calls are not permitted in the intensive care ward. For data protection reasons it is not permitted to take photos or make videos and audio recordings.
- If you are asked to leave the patient room, please wait in the waiting area or in the agreed place.
- Many rooms are used by several patients at the same time. You may not pass on any information that you learn about other patients.

Provision of information to you as a relative

We personally inform patients who are of sound mind about their illness and treatment. They then pass on this information to you. They identify the person who will be our first point of contact and this can also be specified in a patient decree.

For patients who are temporarily not of sound mind we follow the Adult Protection Act¹, which specifies who can represent the patient. This is primarily the person defined as their representative in a patient decree. This person shall receive all the information and make decisions in line with the presumed will of the patient.

If you are aware of a patient decree, you are obliged by law to provide us with a copy of this or notify us about it.

The authorised representative may call us at any time. We will give the representative more precise information in a direct conversation on the ward. If this is in line with the patient's will, the representative shall pass on the information to other people and relatives. For longer stays, the nursing staff will call you every day at an agreed time and give you an update on the situation (active relative call).



Arranging specific appointments reduces waiting times. We kindly ask for your understanding in the event of delays. The well-being of our patients is always our priority.

Basel University Hospital makes every effort to ensure that there is clear communication. If necessary, the treatment team can use interpreters for important discussions.

(¹ ZGB, Third Section: Adult Protection, Art. 360 ff)

Employees in the ward office answer questions

- about our processes (e.g. visiting times)
- about transferring telephone calls
- about the length and reasons for waiting times
- about administrative matters (insurance, confirmations)

The responsible nursing staff answer questions

- about your relative's situation
- about care measures
- about bedside equipment
- aimed at better understanding medical information

The responsible doctor answers questions from the authorised representative

- about the diagnosis and necessary examinations
- about the medical treatment
- about the chances of recovery

These discussions take place at the patient's bedside or in a separate room.

State of confusion in intensive care patients

During their stay on the intensive care ward, patients may develop a state of confusion known as delirium. In this condition some patients are anxious and restless while others are very tired and sleepy. If patients are too restless we may take measures to restrict their freedom for their own protection, for example by tying their hands. The delirium generally passes after a couple of days.

Possible causes of a delirium are the serious illness and its treatment, the unfamiliar surroundings, pre-existing illnesses such as limited memory capacity, dependence on alcohol or drugs and medication that has an impact on the brain.



The treatment team is very experienced in dealing with delirium. Nursing staff and doctors help the patients using a range of measures including medication. Your presence as a relative can give the patient a sense of security. We will be happy to help you do this.

Please ask us if you need any more information. In the waiting room you'll find our "Confused Patients in an Emergency Hospital" brochure.

You are important for the patient

Many relatives find the unfamiliar situation on the intensive care ward unsettling. We will be happy to show you how you can get close to the patient despite the equipment. Even patients who aren't awake can sometimes sense the closeness of trusted people, especially if they touch them.

The illness or medication may make your relative restless or sleepy. The familiarity of your voice, your touch and attention can help to restore a sense of normality.

You know the desires, preferences and habits of your relatives better than us. Any information you can provide will help us deliver the best possible care.

At our request, please bring toiletries and aids such as glasses, watch, hearing device and non-slip shoes for your relative. You can take money or valuables with you after discussing it with us.

We would be happy to involve you in the care process at your request. This depends on the patient's situation and your availability. Please talk to the responsible nursing staff about this. They are available for discussions and to answer any questions.

A few examples:

- Touch your relatives on the shoulder to let them know that you're there.
- Hold their hand.
- Give them words of confidence and courage.
- Tell them about things happening at home. Write something in the patient diary.
- Read them something from the newspaper.
- Bring personal photos or objects with you.
- Bring personal care products with you.
- Ask your relatives how they are feeling and pass on details of any issues to the nursing staff.
- Accompany them at mealtimes (only in agreement with us).

Transfer to the general ward

Your relative will be moved to the general ward when they no longer require any intensive treatment. This transition can be difficult for patients who have spent a long time on the intensive care ward and have got used to the intensive care team always being present.

To help make this step a success:

- we pass on all information to the nursing staff and doctors.
- we prepare the patients and you for the situation e.g. by teaching them how to use the bell.
- we advise relatives to spend a lot of time on hospital on the day the patient is moved to give them a sense of security.



Frequently asked questions

Where can I park?

There is direct access to the main entrance of Basel University Hospital from parking level 3 in the public Parkhaus City car park. There are a limited number of parking places during the day. Use public transport if possible.

How do I get into and out of the hospital at night?

The main entrance is closed from 8:00 p.m. until 6:00 a.m. During this time you can only enter the hospital via the emergency ward. You can also leave the hospital at night via the door to Clinic 1.

Who can I ask about insurance and invoicing?

Administrative matters are handled by the Patient Management department.

Location:

Clinic 2, Petergraben 4, ground floor

Opening hours:

Monday – Friday: 8:00 a.m. – 4:00 p.m.

Telephone via the switchboard:

+41 61 265 25 25. Please ask to be connected to the Patient Management department.

E-mail: aspk2@usb.ch

Staff at the emergency entrance on the intensive care ward are responsible for these matters on weekends, bank holidays and in the evening.

Additional information

Organisation of the intensive care ward

Patients often require hours, days or weeks of intensive treatment after major surgery, accidents or if they are suffering from a serious illness. The intensive care ward at Basel University Hospital is the university centre in Northwestern Switzerland for people from the region who are seriously ill, have undergone an operation or suffered an accident.

Our employees treat more than 5,000 patients every year. Most situations require very intensive treatment and care. The nursing staff and doctors work in shifts to ensure that patients receive care around the clock. All important information about treatment and care is shared during handovers.

Our employees handle all patients on the intensive care ward with respect, care and compassion, regardless of their age, gender, national or social origin, skin colour, religion or political views.

Doctors on the intensive care ward

The health of your relative requires continuous monitoring and speedy action. Once a patient arrives on the intensive care ward, the doctors on the ward are responsible for their treatment. Their main task is to prevent or recognise and treat in a timely manner potentially life threatening disorders in one or more organs following serious illness, major operations, medical interventions or an accident.

Patients are intensely monitored using methods such as checking their heart rhythm or oxygen saturation in the blood. Further measures may be necessary for more precise monitoring. These generally involve the use of catheters that doctors insert in various blood vessels and body cavities.

Different forms of medication are used during the treatment. Depending on the nature and severity of the illness, individual organs may need to be supported or temporarily replaced by specific technical equipment. This equipment is operated by both the doctors and nursing staff. Specialists from all necessary disciplines work closely together to treat your relative.

This enables us to support your relative's recovery process in the best way possible. The specialist intensive care team is composed of a senior consultant, deputy senior consultants, specialists and senior doctors. They are also supported by trainee assistant doctors. Around 50 doctors ensure that intensive care is provided around the clock.

Nursing staff on the intensive care ward

The nursing staff (experts in intensive care or monitoring care) continually monitor and support your relative. Each member of the nursing team generally looks after two patients. Intensive care patients experience restrictions in many areas of their lives e.g. in terms of consciousness, breathing and movement. The task of the nursing staff is to help the affected patients to manage their physical restrictions. For patients with lung problems, nursing staff perform breathing treatments using special equipment to support ideal breathing. Special techniques can be used to help patients with restricted movement to become mobile more quickly. Relatives are actively involved in the process of waking up patients who have experienced a change in consciousness.



The nursing staff on the intensive care ward ensure that bodily functions are continually monitored, carefully execute the doctors' orders and operate all the technical equipment together with the doctors.

Nursing staff also help to prevent possible complications. For example, restrictions in movement can result in skin damage and this can be avoided by regularly changing the patient's position.

Pastoral care on the intensive care ward

You can reach the hospital chaplaincy emergency mobile phone at +49 79 204 77 63: on weekdays and all public holidays from 8.00 a.m. to 5.00 p.m. and on Sundays from 9.00 a.m. to 1.00 p.m..

The hospital chaplaincy team works on an interdenominational basis and is bound by professional secrecy. They are the contact persons for the concerns of all patients, relatives and staff.

They are available to all of them for relief talks, crisis intervention, existential life questions, spiritual talks and actions, farewell rituals and blessings.

Support for children whose parents have died

Unfortunately young parents also die on the intensive care ward. Some of their children are too young at the time of their death to understand medical contexts. When the children are old enough to understand a few years later, the surviving parent or other relative is often unable to coherently explain something that happened long ago and answer questions. We therefore offer consultations where we explain the case history and medical contexts and answer any questions.

The surviving parent can register for a consultation together with their children or the children can come by themselves. Registrations are made via the office on the intensive care ward.

For your understanding

Suction

For patients with a breathing hose (tube) or tracheostomy (access to the trachea via the throat), the nursing staff must occasionally clear mucus from the airways. This is done by inserting a thin plastic hose into the tube or tracheostomy. This suction is necessary to help the patient breathe and to prevent a lung infection. The suction process may trigger a coughing and choking response in patients.

Breathing

Many of our patients are given a breathing device to help them breathe. Air enriched with oxygen is delivered to the patient via a ventilation hose (tube) or mask.



Consciousness

The illness can reduce or suppress the patient's consciousness. In some cases, the necessary medical treatment entails reducing or suppressing the individual's consciousness ("induced coma"). Yet many patients are still aware of our presence.

Food and nutrition

Patients on an intensive care and monitoring ward are often unable to eat. Some of the reasons for this could be: fatigue, weakness, difficulties swallowing properly, a breathing hose or a tracheotomy. These patients are fed through a thin tube (gastric tube) from the nose into the stomach. The food is administered over 24 hours, similar to an infusion. This ensures that your relative receives sufficient nutrients.

Catheters and equipment

Many critical illnesses require the temporary use of catheters to deliver infusions, medication and artificial nourishment or remove secretions. Monitors continually show the different functional conditions of organs. Infusion pumps precisely deliver highly effective medication. Various pieces of equipment can replace the heart, lungs, kidney and other organs in full or part for a certain period of time.

Mobilisation

Despite their serious illness, we try to get patients moving as soon as possible and get them out of bed, as this helps to counteract a range of complications and promote fast recovery.

Senior consultants:

Prof. Dr. med. Hans Pargger and
Prof. Dr. med. phil. Stephan Marsch

Deputy senior consultants:

Prof. Dr. med. Martin Siegemund and
Prof. Dr. med. Patrick Hunziker

Head of Intensive Care:

Michael Wehrli

Deputy:

Angelika Lehmann

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