

Welcome to Critical Care

We believe nursing is a calling to provide genuine, patient-centered care and promote a healing environment for the mind, body and spirit.

Admission of a loved one to the Critical Care Unit can be very stressful for the family as well as the patient. Our goal is to help reduce anxiety, while providing an optimal healing environment. In keeping with our patient-centered care approach, we recognize patients and families as equal partners in collaboration with all health care providers.

Care Partners

Family involvement can enhance healing for our patients. The Care Partner Program was developed to formally involve family/friends in the care of their loved one/patient during their hospital stay and when they return home. Research shows that having a Care Partner has a positive impact on your health care experience and may improve outcomes. Your Care Partner can assist you by providing physical, psychological and spiritual support. Please ask your nurse if you are interested in participating in the Care Partner Program. To protect patient privacy, we ask that one person be the designated spokesperson when calling for patient information or an update on the patient's condition.

Visiting Information

To best meet the needs of the patient and the family, visitors are welcome to visit at anytime. The number of visitors at the patient's bedside may be limited due to the patient's condition. Other visitors are accommodated upon the patient's and family's discretion. To promote a safe and restful environment for the patient, one visitor is welcome to sleep at the bedside at night. Other visitors will be asked to remain in the family waiting area. Information about overnight accommodations is available upon request. Visitor access to the hospital main entrance is available 24 hours a day. A staff member is available at the main entrance to assist with directions and information. Children under the age of 12 are welcome to visit unless they are ill, and they must always be supervised by an adult. We ask that no child under 12 stay overnight. On some occasions, it may be necessary to ask visitors to step into the family waiting area. The nurse will ensure that you are kept informed if this should occur.

Parking

Free parking is always available in the west parking lot. You also may choose to valet park your car. This complimentary service is available Monday through Friday 6 am to 8 pm, and on weekends from 7 am to 5 pm at the main entrance to the hospital.

Infection Control

Please use hand hygiene when entering and exiting the patient room, eating, coughing or sneezing. You may either wash your hands or use the sanitizing hand gel.

Check with the nurse if your loved one is on any form of isolation precautions, and please adhere to the specific isolation guidelines.

If you are ill, please refrain from visiting as it could harm the health of your loved one.

Dining/Café Services

Sherman Hospital Food and Nutrition is pleased to welcome visitors to the Café located in the lower lake level of the hospital. Café hours are daily from 6:30 am to 7 pm. Vending machines and microwaves are available 24/7 near the Café.

Sherman Perk

Sherman Perk is a gourmet coffee bar located inside the Tree House Gift Shop that offers coffee, specialty espresso beverages, and smoothies in addition to a wonderful line of grab and go pastries, desserts, sandwiches, salads, and more. Hours of operation vary; please call 83.1097 for hours.

Tree House Gift Shop

The Sherman Hospital Gift Shop is located in the main lobby adjacent to the tree of life. We offer an array of unique gift items, including flowers, balloons, jewelry, and much more. We also offer delivery services to patient rooms. Hours of operation vary; please call 83.8142 for hours.

Meditation Room

The Meditation Room is located on the first floor of the hospital near the Healing Garden. The room is open 24 hours a day and is designed as a place for patients and families to quietly reflect, meditate and pray.

No Smoking Policy

Sherman Hospital is a smoke free campus, dedicated to the health and wellness of our patients and families.

Personal Belongings

We ask that the patient's belongings be taken home at the time of admission. The nurse may request that the family leave particular items such as dentures, eyeglasses, hearing aids and personal hygiene items when appropriate.

For your safety, hospital policy prohibits latex balloons. Food and beverages should be limited to a minimum in patients rooms.

Telephone Calls

Critical Care A (Rooms 1-19)

Nurse Station Phone: 224.783.8745

Critical Care B (Rooms 20-31)

Nurse Station Phone: 224.783.8768

Your care and experiences are very important to us. If there is anything we can do to make you more comfortable, please ask.

For any concerns please contact:

Critical Care Manager

224.783.2013

After Your Heart Surgery

At Sherman Hospital, we are committed to providing you with very good care. Following is a list of commonly asked questions and answers to help you feel prepared before your surgery. Please ask us any other questions that you may have!

Q: Where will I be when I wake up?

A: When you wake up, you will be in the Critical Care Unit. A specially trained nurse will be at your bedside, caring for you. You may start to wake up a few hours after surgery. However, each person is different, therefore times may vary. Your nurse will keep your family updated.

Q: Where is my family, and how soon will they see me?

A: While in surgery, your family will wait in the Critical Care waiting room. After the surgery is complete, your surgeon will go to the waiting room to speak to your family. Approximately an hour after seeing the surgeon, your nurse will bring your family members to see you in the Critical Care Unit.

Q: Who can receive information about me and my surgery?

A: A family spokesperson who can relay information about your recovery to other members of your family should be designated to your nurse. By law we are unable to give information by phone or in person, except to those listed on the chart by the patient or their surrogate.

Q: How will I look when my family sees me?

A: When you first come out of surgery, your face, hands and legs may look swollen. Your nurse will assure your family that this is expected. Several tubes may be attached to your body, including a breathing tube in your mouth attached to a ventilator, a tube in your nose or mouth to drain your stomach, and a large IV (intravenous) catheter in your upper chest area near the collar bone. This allows us to give you medications, as well as provide information about how well your heart is working. In addition, your chest will have tubes to drain the surgical site and possible temporary pacer wires in your lower chest area to assist your heart in pumping. A foley catheter will be inserted in your bladder and additional IV catheters will be inserted in your arms for medications and fluids. All of these medical tubes are necessary to assist a well-monitored recovery in the Critical Care Unit.

Q: How do I know who is taking care of me?

A: At Sherman Hospital, each patient's room has a board indicating the name of your nurse and patient care technician, as well as your diet, activity and plan for the day. Members of your health care team wear different color scrubs as identified below:

- Olive Green – Nurses
- Black – Transporters
- Royal Blue – Patient Care Technicians
- Navy Blue – Respiratory Therapists
- Navy Blue – Environmental Services Staff
- Blue – Cath Lab and Operating Room Staff
- Tan – Physical Therapists
- Business casual – Case Managers

Other staff members such as diabetes center nurses, cardiac rehab nurses, social workers, chaplains, pharmacists, occupational therapists, and speech therapists may wear business casual clothes with or without a white jacket.

Q: How will I feel when I wake up?

A: When you first wake up, you may feel uncomfortable and a little confused. There will be a tube down your throat, which is connected to a machine that breathes for you during and after surgery. The tube is not painful, but it can be uncomfortable, and you will not be able to speak while the tube is in place. Your nurse will give you medicine to ease the discomfort. You may feel the need to cough, and there may be secretions from your lungs. Your nurse will use a small catheter to remove these secretions. The breathing tube will be removed when you are fully awake and able to breathe on your own.

Q: Will I be able to communicate?

A: Even when the breathing tube is in place, you can communicate with your nurse. You can move your head or squeeze our hands. Pointing to your chest can indicate you are having pain. Your nurse will ask yes/no questions to help you communicate. The best thing you can do is try to relax. Remember, as soon as you are awake and breathing on your own, the tube can be taken out and you will be more comfortable.

Q: When will my breathing tube be removed?

A: When you are fully awake, the respiratory therapist will conduct breathing exercises to see if you are strong enough to breathe on your own. After that, you will breathe on your own with the breathing tube still in place for approximately 30 minutes. If all of your vital signs remain strong, blood-work will be obtained, and if that is within range, the breathing tube will be removed.

Q: Why is mouth care so important?

A: While you have the breathing tube in place, your nurse will clean your mouth and put moisturizer on your mouth and lips every two hours. This helps to prevent infection. After the breathing tube is removed, it is important to brush your teeth twice daily to help prevent infection.

Q: Is it okay to cough and take deep breaths?

A: Once the breathing tube is removed, it is very important to cough and take deep breaths. Your nurse and respiratory therapist will encourage you to use your incentive spirometer (breathing exerciser) at least 10 times every hour. Coughing after doing your breathing exercise helps to prevent pneumonia.

Q: Does it hurt to cough?

A: Coughing can be uncomfortable, especially when your chest tubes are still in place. You will receive a heart pillow to use as a splint for your chest to help with the discomfort of coughing. Medication is also available to help ease the discomfort. However, pain medication can take time to work, so ask for it before the pain is severe. Your nurse will ask you to rate your pain on a 0-10 pain scale, with 0 being no pain, and 10 being the worst pain you can imagine. Sometimes you may be hesitant to take pain medicine; however, if your pain is not well controlled you will not be able to move around, cough and take deep breaths. This may delay your recovery. You and your nurse will work together to control your pain.

Q: When can I get out of bed?

A: About an hour after the breathing tube is removed, your nurse will help you sit up at the bedside. It is normal to feel a little dizzy your first time sitting up. If you feel good, your nurse will help you move into a chair for 45-60 minutes, then help you back into bed to rest. Sitting up in the chair is a good time to do breathing exercises. Starting the day after surgery, you will sit in the chair for every meal.

Q: When can I eat?

A: About an hour after your breathing tube is removed, you will be able to have ice chips. Your diet will progress to full liquids, then to a heart-healthy low fat low sodium diet. Before going home, you will be instructed on how to follow a Mediterranean Diet. Although you may not have much of an appetite for the first few days and the food may taste bland, the good news is that you will be able to raise your arms and eat on your own! In fact, it is encouraged as a way of regaining independence.

Q: Will I gain weight after the surgery?

A: It is not uncommon to gain up to 20 lbs of fluid during surgery. Your nurse and physicians will monitor your daily weight, as well as your fluid intake and output. You may be given a diuretic after surgery to help your body get rid of extra fluid.

Q: Why do the nurses keep checking my blood sugar?

A: After surgery, your nurse will check your blood sugar every hour by pricking your finger. It is important that your blood sugar stay between 70 mg/dl and 110 mg/dl. This helps with healing of your incisions. Your blood sugar can be elevated in response to the stress of surgery, as well as from different medications we give you. For this reason, we check everyone's blood sugar, and you will be started on a continuous insulin infusion if needed. This does not necessarily mean that you are diabetic.

Q: When will I be able to leave the Critical Care Unit?

A: We generally anticipate that you will transfer to Cardiac Care "A" 1-2 days after surgery. Your surgeons and nurses will keep you and your family updated on your plan for transferring and how you are progressing after surgery.

Q: What happens when I leave the CCU?

A: Once you leave the Critical Care Unit, you will be more independent. You will have a portable heart monitor, which allows you to walk in the hall and around in your private room. While in Cardiac Care "A", you will sit in the chair for all meals, and walk in the hall with the physical therapist or your nurse four times a day.

Cardiac Care A Unit Information

Admission

Depending on the patient's individual case, the patient may come to the Cardiac Care Unit before open heart surgery. The unit helps prepare the patient and family for open heart surgery. Preparation includes: labs to be drawn, consent forms to be signed, an open heart video to be viewed, an open heart educational binder to be given and reviewed, incentive spirometer teachings, diet while in the hospital teachings, anesthesiologist to see patient, time for surgery to be organized per the heart surgeon, and questions to be answered.

When the patient is transferred from the Critical Care Unit to the Cardiac Care Unit the patient's cardiac status is stable. However, Cardiac Care staff will continue to closely monitor the patient's blood pressure, blood sugar, heart rate, heart rhythm, oxygen and temperature. These vital signs are completed every 4 hours and as needed.

The expectations and goals for the patient while on the Cardiac Care Unit are the following:

- To be up in the chair for every meal as tolerated
- To ambulate 4 times a day as tolerated
- To perform the incentive spirometer every hour while awake as tolerated
- To review the open heart binder for discharge education and verbalize understanding
- To review medications and medication education sheets
- To have open communication for effective pain management
- To review a heart-healthy diet
- To view an open heart discharge video on channel 62 (English) or 63 (Spanish)

Nurse Identification

The nurse and patient care technician taking care of the patient will be listed on the care board in the patient room. Please feel free to bring any questions or concerns to their attention.

Visiting

- Visiting is individualized, flexible and based on patient condition, family needs and nursing care.
- Please refrain from visiting if you are ill as it could harm the health of your loved one.
- We ask that you wash your hands each time you enter the room and before you leave.

Every patient recovers differently from open heart surgery and that is always taken into consideration.

Patient satisfaction is very important to us. If there is anything we can do to help make you more comfortable, please ask.

***For any concerns please contact:
Cardiac Care A Manager
224.783.4820***

Phone numbers patients may need for discharge:

Anticoagulation Clinic at Sherman Hospital
224.783.5625

Cardiac Care "A" nurses station
224.783.8230

Cardiac Rehab at Sherman Hospital
224.783.6260

Diabetic Center at Sherman Hospital
224.783.5450

Postoperative Events

Physical Therapy:

A physical therapist will evaluate you in the hospital on the second day after your surgery. She/he may recommend that a home health physical therapist continue to work with you in your home after discharge - this will be approved and ordered by your surgeon and arranged through the same home health agency you choose for your visiting nurse. You will have a nurse case manager working with you during your hospital stay. They will discuss the physical therapy recommendations with you and your family to provide an easy transition from hospital to home. If your physical therapist and doctor recommend extended in-patient rehab prior to returning home, your case manager will provide a list of in-patient rehab providers in your area. You will be asked to choose the one you want as well as a backup facility in case there are no available beds at your first choice facility.

Two Options for Rehabilitation:

The first option is **Acute Rehab** in a hospital setting. You must be able to tolerate 3 hours of combined therapy per day to qualify for this program.

The second option is **Subacute Rehab** in a skilled nursing home setting, such as Advocate Sherman West Court. You must be able to tolerate up to 3 hours of combined therapy per day to qualify for this program.

Your physical therapist and MD will recommend the option that is appropriate for you. You will be given a list of facilities for your family to tour to help you decide.

Your case manager will make all of the arrangements for your rehab facility transfer including the ambulance ride if indicated. Your family will be asked to drive you to rehab if you are off oxygen and can sit up in a car. The case manager will keep you and your family informed of the plan, approval and bed availability.

Length of Stay

The usual length of stay in the hospital is 4-5 days post-op, but this is subject to individual progress. All of your physicians must agree that you are ready for discharge on that day. Usually the doctors decide on a certain day after reviewing your vital signs, lab work and examination, so you probably won't have an advance notice that you're ready to go home. Your surgeons would like a family member or friend to stay with you 24 hours a day for the first few days to a week if possible. Your spouse or family member may need to arrange time off work with their employer ahead of time.

Discharge Options

Your surgeon will order a visiting nurse to come to your home beginning a few days after your discharge. The number of visits may vary according to your needs, but you will have 2-5 visits ordered to start. Your visiting nurse will check your vital signs, incisions, talk with you about pain control, activity restrictions, medications, wound care, diet and smoking cessation, if applicable. You will be asked to keep a log sheet with your daily morning weight and afternoon temperature for your nurse to review. You will be given a list of home health providers in your area and will be asked to choose one. If your insurance company is contracted with a certain agency, your case manager will inform you and you will be seen by that agency.

Health Care Professional Team Approach

Sherman Hospital uses a multi-disciplinary team approach to your hospital care. This means that all of these areas discuss your progress, plan of care and make recommendations accordingly:

- Your physicians
- Nurses
- Cardiac rehab specialist
- Case manager
- Dietitian
- Pharmacist
- Physical therapist

Your team may also include an occupational, respiratory or speech therapist, social worker or chaplain.

You will see many faces, but we all work together to provide you with excellent care.

Surgeon Visits and Follow-up

Your cardiac surgeon or an associate will make hospital rounds on a daily basis. You will make your follow-up office appointment with the surgeon who performed your operation. Please call their office within a few days of your hospital discharge to schedule your appointment since the appointment times fill up quickly. Your appointment should be made for 7-10 days after your discharge.