

Intensive Care Unit

Patient and Family Centered Care



Scan to visit
atlanticealth.org/ICU



Atlantic
Health System

Morristown Medical Center

ICU phone numbers

ICU (Kahn 1) - 973-971-5565

MICU (Kahn 3) - 973-682-2020

Main Hospital - 973-971-5000

ICU Website

atlanticealth.org/ICU for helpful videos.

You can meet our ICU team and learn more about what to expect.

Visiting Hours

Please visit atlanticealth.org to review if any visitor restrictions are in effect.

Families are welcome to visit 24 hours a day. ICU requires that only **TWO** visitors be at the bedside at one time. For health and safety reasons, **NO** food is allowed in patient rooms. If you have any concerns, please ask for your nurse.

Infection prevention is important for our patient's health. Please wash hands before entering and upon leaving patient's room.

Be a Partner in Caring

In order to assure we have all the paperwork needed to provide the highest level of care to your loved one please confirm the following:

- Consent for treatment form has been signed
- If the patient has an Advance Directive (Living Will), a copy has been brought in
- Contact/caregiver sheet has been completed
- Let us know if your loved one has been vaccinated for pneumonia/flu
- You have a copy of the completed Patient Property Inventory form
- An accurate "at home" medication list has been provided
- Inform us if you would like to receive a 5:00am phone call daily to update you on your loved one's night.

Please direct any questions to the RN assigned to your loved one.

**Stop the Spread of
Infection,
It's in your hands!**



'Scrub them because you love them!'

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Welcome to Morristown Medical Center’s Intensive Care Unit

Hello and welcome to Morristown Medical Center’s Intensive Care Unit (ICU). Being in the hospital is never easy, whether you are a patient or family member. In order to make your stay more comfortable, please allow us to assist you in easing this stressful time.

How can I help?

Our goal is to ensure you are comfortable during your stay in the ICU at Morristown Medical Center. The bedside nurse is available for any questions or concerns that may arise during your hospital stay.

For helpful information we encourage you to visit our Intensive Care Unit website at atlanticealth.org/ICU

Meet the Critical Care Team and Learn More About What to Expect in the ICU



Our Medical Team

Introduction to the Intensive Care Unit, Critical Care Teams and the role of:

- Nurse
- Intensivist
- Resident
- Patient and Family Support Specialist

What to Expect in the Intensive Care Unit

- First Time Seeing Your Loved One in the ICU
- Virtual Bedside Visits via Zoom
- Your Role in Making Health Care Decisions and Understanding the Daily Plan of Care
- ICU Diary
- Taking Care of Yourself
- Preparing to Leave the ICU

ICU Patient and Family Resources

- Support Staff
- Supporting Children and Teens When Your Loved One is Critically Ill
- Disability and Family Leave
- Financial Information and Insurance
- Post ICU Care Center

**Scan to visit
atlanticealth.org/ICU**



Patient and Family Centered Care

What is Patient and Family Centered Care (PFCC)?

Patient and Family Centered Care seeks to make family members an integral part of the ICU patient care team. There are four values that form the foundation of PFCC: Respect and Dignity, Participation, Information Sharing and Collaboration among families and health care providers. As a family member in our ICU, you will notice that the ICU has integrated these values in the following practices.

Respect and Dignity

Shared decision making: Families can participate in care to the extent to which they feel comfortable in collaboration with the patient care team.

Dignity in care: What do we need to know about your loved one to give him/her the best care possible? What do we need to know about you as a family to give you the best support during this time? Please give this thought and share this with the staff as needed.

Participation

Care team rounds: Comprised of teaching rounds with resident physicians. The focus of these rounds are teaching and to discuss the plan of care for the day for your family member. Some of the discussion may not be directly related to your family member, but about general medical topics that the residents are learning.

Rounds typically take place daily in the am.

The care team will move from room to room. Please be present in your family member's room and wait until they come to you. You are welcome to listen to doctors' rounds for your loved one. Please utilize notepads to write down your questions and organize your thoughts while listening. We will address your questions after rounds.



Nursing bedside report: The purpose is to provide a review of the previous 12 hours and discuss the plan for the next 12 hours. Nursing bedside report occurs twice per day at 7:00am and 7:00pm. We offer a 5:00am phone call daily to update you on your loved one's night. Please let us know if you would like this provided.

Information Sharing

Family Meetings: We encourage and recommend a family meeting after your loved one has spent three to four days in the hospital. These meetings will be scheduled based on your convenience and the availability of the physician caring for your loved one.

The purpose of family meetings is to review the plan of care in collaboration with all the physicians participating in your loved one's care, and to address any questions you may have. Please contact our social worker to discuss setting up a meeting.

Collaboration Among Patients, Families and Health care Providers

Communication: The white boards will be used to display the goals and expectations regarding the plan of care. Your goals will be included as well as the names of the patient care team.

Patient Itinerary: Given to patients and family members on a daily basis. Provides an overview of the plan of care for the day. This includes listing of patient's attending physician, labs, procedures and medications.

Voice of the Patient: Through participation in PFCC, you become the voice of the patient when they are unable to participate in their health care decisions. Difficult conversations may arise, and we ask that you be open to listen and consider decisions from the patient's perspective.

About Us

Expect to meet various members of the ICU team. The professionals listed on this page work as a multi-disciplinary team to provide the best care possible. For important information and helpful videos we encourage you to visit atlanticealth.org/ICU. You can meet the ICU team and learn more about what to expect.

ICU Team

- **Attending Physician:** Responsible for your loved one's care. May seek specialized advice from consultants. Available 24 hours a day, seven days a week.
- **Resident Physician:** Provides 24/7 physician coverage under the direction of the attending physician.
- **Intensivist:** Physicians who specialize in critical care medicine and coordinate care of the ICU patient.
- **Critical Care Nurses:** Provide most of the hands-on care and monitoring. They work directly with the physician to develop a plan of care that is right for each patient.
- **Social Worker:** Social services assists patients and their families to cope with the impact of illness and hospitalization, plan for their post-hospital care and handle physical, emotional and social problems at home.

Name: _____

- **Patient & Family Support Specialist:** Our PFSSs are social workers who provide supportive counseling and resources to ICU patients and their families including coping with illness, self-care and guidance on how to support children and teens when a relative is in the ICU. Our PFSSs can also assist with communication needs and challenges. Resources and information about ICU Recovery/Post Intensive Care Syndrome are also available through our patient and family support specialists.

Name: _____

- **Post ICU Outreach and Support Social Worker:** The Post ICU Outreach and Support Specialist is a licensed clinical social worker whose role includes working with patients and families who are at risk for Post Intensive Care Syndrome (PICS or PICS-F) by providing supportive counseling, group support and post ICU resources. Post Intensive Care Syndrome (PICS) includes new or worsening physical, cognitive (difficulty with word recall, memory, thinking) and behavioral health problems, such as anxiety, depression and post-traumatic stress symptoms that remain after a critical illness. Family members can experience emotional and psychological issues (PICS-F) following a loved one's stay in the ICU.

Name: _____

- **Care Manager:** The care manager is a registered nurse who works closely with your physician and all members of your health care team to evaluate your post hospital needs.

- **Respiratory Care Practitioner:** Works with nurses and physicians to treat patients of all ages to ensure each patient maintains a patent airway including secretion clearance, administering medications, providing proper ventilator support and ventilator weaning.
- **Dietitian:** The registered dietitian screens patients' nutritional risk, assesses patients' nutritional status, makes nutrition recommendations and educates patients about nutritional management.
- **Unit Representative:** Their many functions include physician order transcription, computer order entry, administrative support, prompt response to telephone calls and maintenance of our patient's medical records.
- **Nursing Assistant:** Supportive caregivers who assist nurses in meeting their patient's needs. They have additional technical skills in obtaining blood sugar testing, checking vital signs and other specific patient care needs.
- **Pastoral Care:** Chaplains of several faiths are available for spiritual support 24 hours a day, 7 days a week for patients and families.
- **Peer Lived Experience Volunteer:** A former ICU patient who provides hope and support to patients and families in the ICU through shared experience. Please ask an ICU staff member about the availability of our volunteer.
- **Pharmacist:** Fills all our patient medication orders. Participates in our daily multidisciplinary rounds. They share their knowledge regarding the most recent studies involving efficacy and safety of medications, assists with clinical medication questions and drug interactions.
- **Integrative Medicine Practitioners:** Offer complimentary treatments that decrease stress and promote relaxation and wellness.
- **Other Team Members:** Physical therapists, lab technicians, X-ray and EEG/EKG technicians, transporters and volunteers participate in care when necessary.

Support Services

- **Bioethics:** An ethics team member provides an opportunity for caring, thoughtful conversation. They assist patients and families with common concerns such as weighing the benefits vs. burdens of different care options, decision-making and can help should there be differences in goals of care.
- **Palliative Care:** Palliative care is a supportive care service for patients and families with serious illness and can be helpful during any stage of serious illness from initial diagnosis to issues surrounding end of life. Palliative care can be utilized during treatment and is different from hospice care.

Hopeful Encounters

Through the Eyes of an ICU Trauma Survivor's Lived Experience



My name is Pedro “Pete” Martins, a former Intensive Care Unit (ICU) patient. I’m a current volunteer in the ICU, where my spiritual awakening, transformation and Post-Traumatic Growth (PTG) began. In 2017, I was involved in a serious motorcycle accident in which I sustained a vast number of life-threatening injuries causing me to be on life support for 10 days. Having 18 surgeries completed as of today, I’m blessed and grateful to be alive.

As a volunteer in ICU, I work closely with nursing, social work and other support staff members to help patients and their families. I also represent patients’ and family members’ feedback and perspective on the ICU Patient Family Centered Care Committee.

My purpose is to:

- Help patients and families navigate the ICU through support and lived experience.
- I can also provide insight on the path of recovery and what may lie ahead.
- I often talk to patients and families about challenges, ups and downs, fears, uncertainties, and the ongoing journey of recovery.
- I also share and celebrate the milestones, progress, and transforming experience that can happen after critical illness.
- I am here to listen and provide comfort and hope so that no patient or family must go through this experience alone.
- Despite the challenges I have been through, I have experienced significant growth as a result of my own injuries. I have found that the practices of gratitude, spirituality, meditation and sharing my own story have put me on the path of positive transformation.

My goal is to partner with the ICU staff as they support the patient, family and loved ones on their path of recovery. I hope to empower, inspire, and motivate people during their trials and tribulations.

***“We Can, We Will, We Must” (Eric Thomas).
We rise by lifting others.***

**Pete Martins, Morristown Medical Center - ICU
973-682-2013, pedro.martins@atlanticealth.org**

Schedule: Limited availability, due to the pandemic. Please call the number above or speak to a social work team member regarding current schedule.

What to Expect

- **Upon Admission:** You will meet several staff members including nurses, physicians, social workers and a family liaison. They will assist with your orientation into the ICU environment. The nurses need to do an initial assessment when the patient first arrives in ICU, so your first visit may be delayed a little while. Please provide your nurse with information regarding whom to contact when we need to speak to you about your loved one, as well as who is allowed to receive information. You will also be asked if the patient has a Living Will/Advance Directive and may be asked to sign consent forms for specific treatment/procedures. While you are waiting, you can visit atlanticealth.org/ICU for helpful videos and information. You can meet the team and learn more about what to expect.
- **ICU Stay:** Your loved one may be admitted for a traumatic injury or a complex medical problem. We want you to know that the patient and family centered care ICU team is available.
- **Visiting:** **Please visit atlanticealth.org to review if any visitor restrictions are in effect.** Families are welcome to visit 24 hours a day. ICU requires that only **TWO** visitors be at the bedside at one time. Please do not visit if you are sick or if members of your household are sick, especially from upper respiratory illness (coughing, sneezing, congestion) or gastrointestinal illness (nausea, vomiting, diarrhea). **VISITOR BADGES** must be worn on the unit, please see the unit representative for a badge. Take turns at the bedside if more than two family/friends are present. For health and safety reasons **NO** food is allowed in patient rooms. If you have any concerns please ask for your nurse or patient liaison.

In order to take the best care of your loved one, we may ask you to delay your visit for a variety of reasons. For example, visitors are not allowed in the room during sterile procedures. But rest assured, we'll do whatever we can to accommodate your requests. Expect your first visit to be difficult, maybe even intimidating. You'll see your loved one in a critically ill and vulnerable state. You'll see strange machines and hear unfamiliar sounds. When you know what to expect, you will be emotionally prepared to provide your loved one with the support they need. So let's try to take some of the mystery out of the ICU. Remember, the more you understand, the more comfortable you'll feel – so ask questions.
- **Children & Teens:** Children aged 16 and older are permitted to visit the ICU. During flu season, further age restrictions may apply. During moderate or high flu, visitors must be aged 18 and older. Under special circumstance, an exception may be granted. Please discuss with the RN or social worker.
- **Machines:** You'll see many types of machines and equipment. Most have lights and displays and some blink or beep. Each machine has a different purpose, but all are there to help monitor your loved one's health.
- **Tubes:** There may be a number of tubes inserted in the patient's body. The purpose of these tubes is to provide the patient with needed fluids and medications.
- **Physical Appearance:** You may be surprised to find your loved one wearing little clothing. Minimal dressing is present because our team performs frequent physical assessments. Every effort is made to maintain each patient's privacy, modesty and dignity.
- **Mental State:** Your loved one may be totally unconscious or semi-conscious due to their condition or even if they are awake, communication may be difficult. Just know that your presence provides support.
- **Monitors:** All of our patients are attached to a bedside monitor which records vital signs; these are relayed to the central station.
- **Alarms:** Alarms are set to strict parameters and may occasionally ring. There are different tones depending on the severity of the alarm, and even if your nurse is not in the room, someone is looking at the alarms in the central station.
- **MRSA:** We screen all of our admitted patients for methicillin resistant staphylococcus (MRSA) by obtaining a nasal culture. This is done as a safety measure to prevent infection. We re-screen patients after seven days in the ICU.
- **Hand Washing:** You need to wash your hands before entering the room as well as upon leaving. Washing your hands is one of the main ways you and the ICU team can help to keep your loved one safe from infection.
- **Isolation:** If your loved one is isolated, you will need to wear a blue plastic gown and gloves when you enter the room. The gown and gloves can be found on the cart outside of the room. Before leaving, remove and discard these items in the provided trash bin.
- **Restraints:** Sometimes, the hands of your loved one will be put in mitts or restraints. The reason for this is to prevent them from inadvertently pulling out their life supporting IVs and tubes.
- **Fall Precautions:** We will also place many of our patients on fall precaution as a safety measure. Your loved one may have a sign on their door and a yellow wristband to alert others of the potential for injury. Many times this is due to sedative or narcotic medication, diuretics or antihypertensive medications.



- Advance Directive/POLST: The Advance Directive is an important part of your loved one's chart. You will be asked to provide us with a copy. If you do not have one, please ask our social worker for information.
- Consents: The doctors may contact you over the phone for permission to perform various procedures to your loved one. Two nurses will also get on the phone to verify your consent. If your loved one was brought in emergently a "Consent to Treat Form" may also need to be signed.
- Patient Itinerary: Distributed on a daily basis, it provides an overview of the tests and medications your loved one is taking. We encourage you to review the patient itinerary before physician rounds to give you an overview of what is planned for the day.

- Medication Reconciliation: We obtain a list of medications that your loved one was taking prior to admission. If appropriate, they will continue during their hospital stay. Do not hesitate to ask your nurse about any of your loved one's medications.
- Family Contact Sheet: There is a family contact sheet kept for each patient that contains two names and phone numbers. These are the people that are allowed to receive information over the phone. Any other phone calls are directed to the family members listed. Your nurse may also ask you to provide us with a password so we can verify your identity over the phone to receive patient updates.
- Noise Level: In order to assure accurate hand off of information between shifts, we discourage phone calls between the hours of 7:00am - 8:30am and 7:00pm - 8:30pm. This allows time for the change of shifts and patient status updates. There are exceptions for emergencies to this rule. Please inform your nurse if you would like to receive a 5:00am phone call for a daily patient update. During change of shift it can become noisy. To maintain a peaceful environment for the patient it may be necessary to close the glass sliding doors to each room.



Communication and Information

- **Stay Informed:** Be prepared to participate in an honest exchange of information between you and the ICU team. This is essential for making the right decisions regarding your loved one's care. Here are some tips for good communication with the team:
 1. Select a family spokesperson who can speak on everyone's behalf and share new information with other family members. Introduce yourself to the physician and critical care nurse and arrange a mutually convenient time to talk or meet so you can stay informed.
 2. Exchange contact information with the critical care team for emergency purposes specifying who to call and when.
 3. Prepare for meetings ahead of time and make a list of questions and concerns. Use the ICU Diary available through your nurse or any staff member.
 4. Write down information you might not remember, especially if you're responsible for passing it on to the rest of the family.
 5. Provide as much information as possible about your loved one, especially if he/she is unable to communicate.
 6. Share your loved one's wishes regarding surgery, life-support equipment, dialysis and other difficult decisions with the critical care Intensivist. (If you need help with this, ask to speak to a team member regarding these thoughts and feelings).
 7. Get to know the nurses from each shift. Tell them your concerns, share insights about your loved one and ask what you can do to help.
 8. If any information feels conflicting or puzzling, you could ask to speak with your nurse, the ICU resident or the physician in charge. Sometimes a simple difference in wording may help clarify.
 9. Remember, because your loved one's condition may be unpredictable, the physician or nurse will update you when results of tests become available and as changes occur.

- **MyChart:** An interactive health management tool that gives patients 24/7 access to portions of their electronic medical record. It enables you to securely use the internet to help manage and receive information about your health. To request an activation code, visit mychart.atlantichealth.org. You can also download the MyChart App through the App Store or Google play. For MyChart support, please call **1-800-205-9911**. Whether you need help enrolling, resetting your password, general technological support, or troubleshooting of any kind — call toll-free 24 hours a day, 7 days a week. For information on proxy access, please visit atlantichealth.org or call Medical Records at 973-971-5183.
- **Medical Records:** The Medical Records office is located on Level B. Hours: Monday to Friday, 8:00am to 6:00pm Saturday, 8:00am to Noon, closed on Sunday
Phone: 973-971-5183; Fax: 973-290-7999.
A letter providing proof of hospitalization can be requested through medical records.
- **Family Meetings:** Our policy is to offer family meetings for those who have been in ICU for three to four days or more. If you would like to meet with your family member's physician, please see the social worker. They will facilitate a time that is convenient for all.

Family Waiting Room

- **Kitchenette:** To assure that our waiting area remains clean and fresh daily, we ask you to please label any food items you leave in the kitchen or fridge. If the item is not labeled, our housekeeper will dispose of it.
- **Prayer Box:** Located near the computer is a prayer box. Please feel free to write a prayer request and drop it in the box. The prayers are picked up and the chaplains bless them during the daily services.
- **Education Pamphlets:** Please utilize our educational pamphlets that are in the ICU visitors information shelf. You will find a lot of useful information that you may need to know during your loved one's hospital stay.

ASCEND[®]

A guide to communicating with your medical team.

Anticipate • Summarize • Concern • Explore/Explain • Next Steps • Document

Anticipate

- Think of questions beforehand, bring pen and paper for notes or use the ICU Diary
- Prepare to listen by turning off phones/electronics, sitting down
- Consider bringing a friend or family member

Summarize

- Asking for a summary can help you understand the big picture before details are discussed
- Summarize in your own words to ensure you have understood correctly

Concerns

- Share one or two of your biggest concerns early in the visit - let us know what to address

Explore/Explain

- Explore the risks and benefits of any recommended tests or treatments
- Ask us to explain things in another way if you do not understand something
- Help us understand your goals

Next Steps

- Know what the plan is and how you can follow up after the visit

Document (ICU Diary)

- Write down important information and questions
- Write names and contact numbers

Directions to the Surgical Family Waiting Room

Make a left out of the ICU. Go down long hallway to Gagnon Elevators located on left. Take the Gagnon elevator to level D. Walk to end of hallway to the information desk.

Family Care Partnership

The ICU environment is likely to feel foreign to your loved one. It can be common for ICU patients to experience confusion and, at times, ICU delirium. They may not know where they are; they may perceive the environment or care from staff as scary or unfamiliar. Please partner with us to help them stay orientated and calm. Below are techniques you can use to help soothe, relax, and care for your loved one while in the ICU. These can be especially helpful if they are confused or experiencing ICU delirium.

- Ground yourself first. Take a deep breath to center yourself before trying to calm your loved one.
- Hold your loved one's hand gently.
- Speak in soothing tones reminding them of good times and memories that you spent with him/her.
- Bring in pictures of familiar faces that you may hang on the corkboard in their room.
- Try reading aloud from one of their favorite books or playing familiar music.
- Please keep in mind that there may be times where having family and visitors is overstimulating for your loved one. They may need quiet and rest.
- Help them stay orientated by reminding of the day, time and where they are.

Patient and Family Diaries

An ICU Diary is a tool to help relatives and friends keep a narrative of a patient's hospital stay. The diary can help you organize information and highlight questions or clarifications you may need. Writing can help you absorb the information you are receiving and is also a healthy outlet for the expression of feelings. A diary can also be very useful later on to help the person who is ill. They may have confused memories of their time in the ICU or no memories of it at all. A diary can help them to understand what happened to them and fill in gaps in their memory. Follow your loved one's lead in terms of sharing information from the diary. Diaries are available through any staff member, please ask if you would like one.



ICU Diary

What should I write in the ICU Diary?

- A good starting point can be what brought your loved one to the ICU.
- A general idea of the care they received and how they progressed while in the ICU.
- Personal messages and news from home can decrease their sense of the loss of time.

Why do we recommend keeping an ICU Diary?

Decreases False Memories:

- Keeping an ICU diary has been shown to reduce the onset of post-traumatic stress disorder in patients and families following critical illness.

Stress Reduction:

- Some patient's memories can be affected by the use of sedative drugs or by the illness itself. Often patients have little or no factual memory of their stay and instead develop false memories of their time in the ICU. Though false, the memories can feel real. The ICU diary can help patients understand some of the general and factual things related to their care.

Decreases Sense of Time Loss:

- As ICU patients recover many feel a sense of the loss of time during their stay. Keeping a record of their time in the ICU can help orient and ground patients during their recovery by filling in the gaps.

Relatives/Caregivers Experience:

- Former patients report a greater ability to empathize with the experience and feelings that their family member/caregiver endured while they were in the ICU.
- The diary promotes understanding and increases patient and family/caregiver connection.
- Writing and journaling about difficult experiences provides an outlet, helps create new meaning and fosters growth. Writing can also highlight questions you may have or alert you to information you need clarified.

Please ask an ICU staff member if you would like a diary.

ICU Patient and Family Collage

We encourage you to make a collage for your loved one's bedside. You can include photos of family, friends, pets and favorite places. Familiar, favorite and happy images can reduce confusion and lessen anxiety for both you and your loved one. A collage also helps the ICU team get to know and understand more about who your loved one is and what is important to them. A collage is a great project to involve children in, especially if they are too young to visit the bedside.



Please Keep These Tips in Mind:

- **No original photos** – copies only in the event the photos get misplaced or damaged.
- Write a family member's name and phone number on the back of the collage in the event it is left in a room during transfer or discharge.
- Keep the collage to a standard posterboard size of 22x28 or smaller.
- Posterboard is stocked in the unit – ask a staff member if you would like one.
- Collages must **not** block any doors, windows or sprinklers.
- Be creative – you can leave a blank space for written messages of hope from visitors and staff and/or include inspirational quotes.

What the NJ CARE Act Means to You

CARE stands for (Caregiver Advise, Record & Enable)

Some patients find that they need help at home after being discharged from the hospital. A caregiver is a friend, family member or neighbor who helps with basic daily activities such as managing medications, providing wound care and performing other health-related tasks.

The state of New Jersey recognizes the important role that caregivers play in caring for their loved ones after discharge from a hospital. The CARE Act helps ensure that the caregiver has the training and resources needed to care for their loved one at home and reduces the possibility of readmission to the hospital.

Atlantic Health System is committed to making sure that your discharge needs are met. On admission you will be asked if you would like to name a caregiver. If you do, the following information will be recorded in your medical record. Your designated caregiver's:

- name
- address
- phone number
- email address

If you decline to appoint a caregiver on admission, you can still appoint someone at any time during your hospital stay; just notify your nurse or care manager.

If you are being discharged to your home, hospital staff will contact your designated caregiver and keep them informed of your discharge care needs. Information and education for your discharge care may include instruction related to disease management, medications, diets, wound care, and/or equipment.

You will be asked to sign an Authorization for Release of Medical Information form if you wish for us to share and/or provide written copies of your discharge records to your caregiver.



A Patient's Guide to Anticoagulation Therapy

What is anticoagulation therapy?

An anticoagulant is a medication that prevents and reduces risk of blood clots from forming in patients who are at risk. Clots can cause serious and life-threatening complications such as stroke or heart attack. It is important to continue this medication as long as prescribed by your physician.

Why do I need anticoagulation therapy?

If you are prescribed anticoagulation therapy, your risk of blood clots is increased. Below are a few common conditions that require anticoagulation therapy. If you are not sure why you have been prescribed anticoagulation therapy, please ask your physician. (You should never stop anticoagulation therapy without discussing with the prescribing physician first).

- Certain artificial heart valves
 - Irregular beat of the heart
 - Atrial fibrillation
 - Blood clots in vein
 - Deep vein thrombosis (DVT)
 - Blood clots in lungs
 - Pulmonary embolism (PE)
 - Blood clots in the heart
 - After orthopedic surgery
 - Certain blood disorders

General and safety considerations while on anticoagulation therapy:

- Make sure all your physicians and health care providers know you are on anticoagulation therapy. Provide them most current list of all the medications you are taking at each visit. The list should include the names, the dose, how often you take each one and the last dose taken.
- It is important to take the anticoagulant as prescribed and directed. Following directions on how to take the medication is important for your safety.
- Missed doses

- Get your refills on time and make sure you do not run out of your medication.
- Missing doses increases the risk of having a blood clot.
- If you forget or miss a dose, DO NOT take two doses at the same time or extra doses. Contact your prescriber for recommendation.
- It is very important to take this medication at the same time/times each day to keep the amount of this medication in blood consistent.
- It is necessary to immediately inform your physician and healthcare providers if you become pregnant or are breastfeeding.
- Inform your physician if you have liver disease, peptic ulcer disease, history of bleeding or blood disorders, kidney disease, congestive heart failure, high blood pressure, diabetes, any type of infection or any other medical condition.
- Also tell your physician if you have recently had a fall or other injury.
- Follow-up monitoring is very important. Your physician or health care provider may need to check your blood at regular intervals while you are using anticoagulant therapy. Be sure to keep all appointments and always bring your current medication list.
- You may bleed more easily while on anticoagulants. Stay away from contact sports or other situations where you could be bruised, cut, or injured. Brush and floss your teeth gently. Be careful when using sharp objects, including razors and fingernail clippers. Avoid picking your nose. If you need to blow your nose, blow it gently.
- Alcohol affects your liver and may affect anticoagulation medications. You should discuss with your physician or health care providers if you have questions or concerns.
- Always review the drug information provided by your pharmacist or caregivers for all your medications.
- It is important to understand the potential for adverse drug reactions and interactions. This includes drug and food interactions for the medications you take and diet you follow.
- Carry an ID card or wear a medical alert bracelet to let any emergency caregivers know you are taking anticoagulant medications.
- Keep all medications safely and properly stored, out of reach of children.
- Do not share any medication prescribed for you.
- **For UNCONTROLLED BLEEDING seek immediate medical attention. Call 911 or go to the Emergency Room.**
- **This Anticoagulation Guide does not take the place of talking with your doctor about your medical condition or your treatment.**

Possible Side Effects of Anticoagulants:

For UNCONTROLLED BLEEDING call 911 or go to the ER. Call your physician and consider emergency medical care if you notice any of these side effects:

- Tingling in your mouth or throat, chest tightness, trouble breathing.
- Persistent bleeding from your gums, nose or a wound, bruising easily, or coughing up blood
- Persistent abdominal pain or burning
- Serious fall, or hit on the head
- Sudden dizziness, changes in vision or severe headache
- Bloody or black, tarry stools or blood in urine
- Throw up that looks like coffee grounds
- Yellowing of your skin or the whites of your eyes

Other serious symptoms or changes in health

- Taking care of a cut:
 - Hold direct pressure over the cut with gauze or a clean tissue
 - Elevate the cut so that it is above your heart
 - After 10 minutes of continuous pressure, check to see if the cut is still bleeding, apply an over-the-counter product to seal the wound
 - If bleeding doesn't stop or bleeding is heavy, and wound is large, deep, and/or dirty seek immediate medical attention

Potentially less serious side effects are:

- Nausea, vomiting, diarrhea, or upset stomach
- Mild headache or body pains

Other medications that may interact with anticoagulant medications:

Many medications, including prescription, herbals and over-the-counter (OTC) medications may interact with anticoagulant medications. Always inform your physician(s) about all medications you are taking as well as when to stop or start any medications. Some common OTC medications that may interact are listed below. There are many others and if you have any questions about any medication, please, contact your physician(s), health care provider or pharmacist.

- Aspirin. Some examples of other medications that contain aspirin are Alka-Seltzer, Pepto-Bismol and Excedrin.

- Anti-inflammatory medications and medications used for arthritis such as ibuprofen (Motrin, Midol, Nuprin, Advil), naproxen (Aleve) or ketoprofen (Orudis, Oruvail).
- Acetaminophen (Tylenol) in high or frequent doses may interact with warfarin and should be discussed with your health care provider.
- Cold and allergy preparations may contain the above products.
- Herbal and alternative medications may not have been tested to see if they interact with anticoagulant medications, but many have the potential to do so. If you start or stop any herbal medication, contact your physician to ensure that it won't affect your anticoagulation therapy.

Some Specific Home Anticoagulant Therapy Medications:

There are different anticoagulant medications available. Your physician or health care provider will prescribe an anticoagulant that is right for you, based on your medical condition(s).

- Warfarin (Brand Names-Coumadin® and Jantoven®):
 - Is a medication taken by mouth, usually once a day.
 - **Blood tests** – INR is used to monitor warfarin therapy. Your doctor will use the test results to make sure warfarin is working properly. Doses will be changed based on INR results.
 - Keep all appointments for the INR blood tests to ensure optimal therapy and safety.
 - **Warfarin** tablets come in different strengths; each is a different color, with dose printed on the tablet. If the color or dose of the tablet appears different than those taken previously, you should immediately notify your pharmacist or health care provider.
 - **Diet:** Carefully follow your prescribed diet instructions. Avoid making major changes in dietary habits. Greatly varying your daily intake of vitamin K can interfere with this anticoagulation therapy and change its action. Vitamin K is found in dark green, leafy vegetables such as broccoli, cabbage, asparagus, spinach and salad greens. You may eat these items, just eat about the same amount each day to keep vitamin K levels even. Speak with a health care provider regarding major diet changes or concerns.

This is a partial list of anticoagulation medications that patients may be prescribed. Some are primarily used while in the hospital and some are used both in and out of the hospital.

Comprehensive information is available for each of these medications while in the hospital and from your pharmacy after you leave the hospital. This information should be reviewed with your care givers to understand dosing, route, drug to drug and food to drug interactions, the requirement for follow-up lab tests, side effects or any questions you may have about these medications.

- Unfractionated heparin injection or intravenous infusion
- Enoxaparin (Brand Name - Lovenox®) injection
- Fondaparinux (Brand Name - Arixtra®) injection
- Dabigatran (Brand Name - Pradaxa®) by mouth
- Rivaroxaban (Brand Name - Xarelto®) by mouth
- Warfarin (Brand Name - Coumadin®, Brand Name - Jantiven®) by mouth
- Apixaban (Brand Name - Eliquis®) by mouth
- Edoxaban (Brand Name - Savaysa®) by mouth
- Betrixaban (Brand Name - Bevyxxa®) by mouth

It is not the intent of this brochure to provide all the information you may need to know for every type of anticoagulation medication. It is important to review the medication information you receive from your doctors, pharmacists and other care providers.

For further information please speak to your Physician or Pharmacist

Additional information specific to Coumadin/Warfarin is also available from the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality online at ahrq.gov/consumer/coumadin.htm. The booklet is titled, Your Guide to Coumadin/Warfarin Therapy.



Infection Prevention for Central Line-Associated Bloodstream Infections (CLABSI)

Patient and Family Education

What is a catheter or central line?

A catheter or central line is a tube that is put into a large vein and ends near the heart. The catheter is inserted through the neck, chest or groin. This catheter is used to administer IV fluids, medication or nutrition. Use of this catheter may increase potential exposure to bacteria or germs. It is very important that this catheter is handled with care by your caregivers. All members of your health care team and you as a patient or family member must help prevent infections related to the catheter.

Can a central line-associated bloodstream infection (CLABSI) be treated?

A central line-associated bloodstream infection can be treated successfully with antibiotics. The catheter might need to be removed if you develop an infection. This is why prevention of infection is so important.

What are some of the things that Atlantic Health System is doing to prevent central line-associated infections?

Your health care providers will:

- Choose a vein where the catheter can be safely inserted and where the risk of infection is smallest.
- Clean their hands with soap and water or an alcohol-based hand sanitizing rub before putting in or handling the catheter.
- Wear mask, cap, sterile gown, and sterile gloves when putting in the catheter to keep it sterile.
- Clean your skin with an antiseptic cleanser before putting in the catheter and when changing the dressing.

- Use disinfecting caps on IV access points. Disinfecting caps have shown to help protect the access point from bacteria.
- Wear gloves and clean the catheter end with an antiseptic solution before using the catheter to draw blood or give medications.
- Daily bathing with chlorhexidine gluconate (CHG). CHG is a cleaning product that kills germs on the skin that can potentially contaminate the central line. Note: CHG needs to air dry before dressing or it may leave the skin feeling sticky after the application.
- Discuss every day if you still need to have the catheter and make a plan to remove it as soon as possible.
- Change your dressing at regular intervals or more frequently if needed.

What can the patient and family do to help prevent central line-associated bloodstream infections?

Always clean your hands before eating, before leaving your room, after using the bathroom, or if you touch any of your body fluids. Your visitors should always clean their hands when they enter and when they leave your room.

- It is preferred that you wash your hands with soap and water. When using soap and water scrub hands (front of hands, back of hands, thumbs, between fingers and nails) for at least 15 seconds before rinsing. When you are unable to wash with soap, utilize hand sanitizer.
- Inform the nurse if the dressing of the catheter is coming off, loosened or soiled.
- Do not touch or remove the dressing.
- Inform your health care providers immediately if you have pain at the insertion site or notice signs of swelling or redness.
- Make sure your health care providers check the line every day for signs of infection. They should only replace the line when needed and not on a schedule.

What do you need to do when you go home from the hospital?

- Some patients are sent home from the hospital with a catheter in order to continue their treatment. If you go home with a catheter, your health care providers will explain everything you need to know about taking care of your catheter.
- Ask for instructions on showering or bathing and how to change the catheter dressing.
- Make sure you know who to contact if you have questions or problems.
- Wash your hands with soap and water or an alcohol-based hand sanitizing rub before handling your catheter.
- If you develop soreness or redness at the site or fever, call your doctor immediately.
- Do not attempt to remove the catheter yourself.

Health care organizations across the country are working to make health and safety a priority. Atlantic Health System is committed to providing high quality, safe and effective care to our patients. Our partnership with patients and families in this care is important for patient safety. Become an actively involved and informed member of our team.

You are encouraged to ask questions if you need more information, don't understand something or have any concerns.

Gather information about your condition. Good sources include your doctor, the library, respected websites, such as Atlantic Health System (atlanticealth.org), The Centers for Disease Control and Prevention (CDC.gov), or support groups. Write down important facts your doctor tells you or questions you want to ask.

Again, don't hesitate to ask your doctor, nurse or pharmacist to repeat something or explain something differently if you are not sure what you are being told.



Infection Prevention for Catheter-Associated Urinary Tract Infection (CAUTI)

Patient and Family Education

What is an Indwelling urinary catheter?

An indwelling urinary catheter (sometimes called a Foley catheter) is a thin, flexible plastic or rubber tube used to drain urine from the bladder.

What is catheter-associated urinary tract infection (CAUTI)?

A urinary tract infection (also called "UTI") is an infection in the urinary system, which includes the bladder (which stores the urine) and the kidneys (which filter the blood to make urine). Bacteria or germs do not normally live in these areas; but if introduced, an infection can occur. This can be treated with antibiotics and removal or change of the catheter. Your doctor will determine which antibiotic is best for you.

What are some of the things Atlantic Health System is doing to prevent catheter-associated urinary tract infections?

- Catheters are put in only when necessary and they are removed as soon as possible. Only trained persons insert catheters using sterile “clean” technique.
- Other methods to drain the urine are sometimes used such as external condom catheters for men, or using a temporary catheter to drain the urine and removing it right away (called a straight cath).

Your health care providers will:

- Always perform hand hygiene before handling your catheter.
- Provide daily catheter care.
- Assess daily the need for the catheter.
- Avoid disconnecting the catheter and drainage tube. This helps to prevent bacteria from getting into the catheter tube.
- Ensure the catheter is secured to your leg to prevent any pulling on the catheter insertion site.
- Avoid twisting or kinking the catheter.
- Keep the bag lower than the bladder at all times, including during transport.
- Empty the bag regularly.

What can the patient and family do to help prevent a catheter-associated urinary tract infection?

- Always clean your hands before eating, before leaving your room, after using the bathroom, or if you touch any of your body fluids. Your visitors should always clean their hands when they enter and when they leave your room.
 - Using alcohol-based hand rub is the best way to clean your hands when you cannot see dirt on them. A dispenser for alcohol-based hand rub is located in each patient room and in many places around the hospital.
 - If using soap and water to wash your hands, scrub your hands for at least 15 seconds.
- Always keep your urine bag below the level of your bladder. Don't place bag on the bed or the arm of the chair.
- Do not tug or pull on the tubing.
- Do not twist or kink the catheter tubing.
- Ask your health care provider each day if you still need the catheter.
- Never attempt to remove the catheter yourself.

What do you need to do when you go home from the hospital?

- If you will be going home with a catheter, your doctor or nurse should explain everything you need to know about taking care of the catheter. Make sure you understand how to care for it before you leave the hospital.
- Be sure to drink plenty of fluids, unless your health care provider tells you not to.
- Always wash your hands with soap and water before and after touching/handling an indwelling urinary catheter or a collection bag.
- Call your doctor immediately if you develop burning or pain in the lower abdomen, fever, or redness and swelling around the catheter.

Health care organizations across the country are working to make health and safety a priority. Atlantic Health System is committed to providing high quality, safe and effective care to our patients. Our partnership with patients and families in this care is important for patient safety. Become an actively involved and informed member of our team.

You are encouraged to ask questions if you need more information, don't understand something or have any concerns.

Gather information about your condition. Good sources include your doctor, the library, respected websites, such as Atlantic Health System (atlantichhealth.org), the Centers for Disease Control and Prevention (CDC.gov), or support groups. Write down important facts your doctor tells you or questions you want to ask.

Again, don't hesitate to ask your doctor, nurse or pharmacist to repeat something or explain something differently if you are not sure what you are being told.

Financial Information

Patient Financial Services, 1-844-487-3627

- Atlantic Health System guarantees that patients receive essential health care services regardless of their ability to pay. Financial assistance is available through a variety of programs to low-income, uninsured and underinsured patients who do not otherwise have the ability to pay all or part of their hospital bills. To take advantage of any available federal or state financial assistance program, you must apply through the financial counseling department. The financial counselor will explain the requirements for each program and determine your eligibility.
- You can also apply for charity care through the financial services department.
- For online bill pay, estimating the costs of your procedures or information on understanding health insurance and medical bills, visit atlanticehealth.org, Patients & Visitors, Financial Information and/or atlanticehealth.org, Patient's & Visitors, Insurance. For price estimates, please call 1-855-632-6667.

Letter Requests

The Medical Records department located on Kahn B (973-971-5183) can provide a letter demonstrating proof of hospitalization. The department is open Monday to Friday, 8:00am to 6:00pm Saturday, 8:00am to Noon, closed on Sunday.

Most other letter requests can only be signed by a physician and can take up to seven days. You can request this directly to a physician or ask a staff member to contact the full-time social worker, who can help facilitate the request, but please keep in mind that social work staff is often unable to sign the letter.

Disability and Family Leave

Forms for disability or family leave can be faxed to the ICU, attention: Social Work. SICU Fax Number: 973-290-7266; MICU Fax Number: 973-734-4273

The forms must be completed by a doctor and can take at least seven days for completion. **If you submitted a claim online, you must provide the "online form ID number" to ensure the doctor can access your application.** Please provide a return fax number or email address where completed forms can be sent.

- **Federal Family and Medical Leave Act** allows eligible employees of covered employers to take unpaid, job-protected leave. dol.gov/whd/fmla
- **NJ Family Leave Act** allows eligible employees of covered employers to take unpaid, job-protected leave. njoag.gov, Divisions, Division on Civil Rights, Resources, NJ Family Leave Act

- **NJ Family Leave Insurance** allows eligible employees to receive paid leave to care for a family member with a serious health condition. The definition of "family member" has been expanded to cover more people including domestic partners, any blood relative and any individual whom you consider to be family. myleavebenefits.nj.gov
- **NJ Temporary Disability** allows eligible employees to receive a portion of their pay if their illness prevents them from working and was not caused by their work. Ask your employer if their coverage is through a private plan or through the State plan. If through the State plan, visit: myleavebenefits.nj.gov
- **Social Security Disability** provides eligible employees with a qualifying medical condition monetary benefits. This program is generally for people who are unable to work for a year or more. You can apply as soon as you are disabled, you do not have to wait until a year has passed. ssa.gov/disability/

Taking Care of Yourself

Expect to experience a range of emotions from fear and helplessness to anger and anxiety. You may become exhausted and impatient, or have difficulty absorbing information given to you by the ICU team. Self-care is not selfish; it is essential to patient well-being. Below are some helpful tips:

- **Eat and stay hydrated:** Try setting an alert on your personal device to remember to eat throughout the day.
- **Sleep:** When a loved one is in the ICU, family and friends tend to get less sleep than normal or they suffer from poor sleep quality. Getting enough rest is essential for your physical and emotional health. Lack of sleep can put you at risk for physical illness, depression, anxiety, and memory issues. Practice good sleep habits such as avoiding caffeine and nicotine close to bedtime. Physical activity promotes good quality sleep, go to bed and wake up at the same time each day. Establish a regular and relaxing bedtime routine.
- **Recharge:** Find small ways to recharge such as taking a short walk, visiting the chapel, saying a prayer, eating meals in the cafeteria, listening to music or going for a massage.
- **Support:** Accept offers of support that feel comfortable for you. Allowing those you trust to be there for you also helps them during difficult times. Just as you are here for your family member or friend who is ill, the people in your life also want to be there for you. Our chaplains, social workers and staff are also here to help. The patient and family support specialist is dedicated to helping you navigate the ICU experience and can provide counseling and resources.
- **Express:** Having an outlet for your feelings and thoughts reduces stress and anxiety. Healthy expression can include writing, talking, painting, playing music, etc. Find the outlet that is best for you.

- **Compassion:** We are often harder on ourselves than we would ever be on others in the same situation. Practice self-compassion and go easy on yourself.
- **Communicate:** Please feel comfortable asking questions and expressing your concerns to the ICU team.
- **Resources:** Our Health Science Library can help you better understand your loved one's condition. Use reputable information and resources and be mindful that not everything on the internet is reliable.
- **Online Care Pages:** Online platforms such as CaringBridge and Supportful allow you to create a personal and private website to communicate updates, receive support, help organize visits and coordinate errands. These sites also offer an optional section for assistance with bills and expenses.

Pet Therapy

A visit from a certified therapy dog and handler may be requested. Contact the patient liaison at ext. 5762 or Carrie Plantamura at ext. 5941.



Communication Devices

Cyacom Phone: For your convenience, we have a telephone system that is able to translate many different languages to help you communicate with doctors, nurses or any other hospital staff that you encounter during your stay. If you have a need for translation services, please let your nurse know and they will further assist you.

Hearing Impaired Translating TV Monitor System: 24 hour service with American Sign Language interpreter. Ask the nursing supervisor for assistance.

Patient Communication Device: The ICU has iPads available to enhance communication needs. If your loved one is trying to express any questions/concerns please ask your nurse for help with the communication device.

Virtual Bedside Visits: the ICU has iPads available for video-calls during periods when visitation is restricted or if you reside out of the area and wish to visit with your relative virtually.

Patient Communicator: is a helpful app designed to improve communication for patients in the ICU. This app is designed to assist patients who are unable to speak due to mechanical ventilation, hearing or speech limitations. The app also features translation capabilities in 19 different languages that provides the opportunity to have a two-way conversation between patients and caregivers. The app also contains a virtual ICU Diary for family members and friends and an ICU Stay Booklet. Available on iTunes or Google Play.

Pocketalker: a personal amplifier to make it easier to hear in everyday situations. The device reduces background noise and brings sounds and voices directly to the ear. This device is helpful for individuals that are hard of hearing.

Whiteboards on Nursing Units

Our goal is to partner with you (patient/family) in your care.

What are the whiteboards in the patient rooms used for?

Whiteboards are an information source for patient, caregivers and family. Information such as:

- Names of caregivers
- Daily goals for you (patient) such as improving mobility, pain management, skin care.

Doctors, nurses and your family can write on the board with erasable markers. Below you will find a list of what maybe written on your (the patient's) individual whiteboard. This will give everyone a fuller picture of how you (the patient) are doing.

- **Do** write questions you may have pertaining to your loved one's care.
- **Don't** write private information, such as cell phone numbers, patient's health care or medical tests.

Patient Itinerary

A daily written itinerary that provides an overview of the plan of care for the day. This includes medications, labs, tests or procedures for the day. It will also include the names of some of the physicians caring for your loved one such as the attending, critical care, resident and consultative physicians.

- Please review the itinerary daily with the understanding that the information on the itinerary was most up to date at the time it was printed but information is likely to change throughout the day. Feel comfortable asking questions when needed.
- Please keep in mind that the itinerary can also be helpful as your loved one recovers and leaves the ICU. Staff at other facilities, such as rehabilitation centers or follow-up outpatient providers, will ask about recent and current medications, procedures and the names of physicians who cared for your loved one in the hospital.

My Self-Care Worksheet

Friends and family have different strengths. Think of someone in your life who you feel comfortable talking with. Who listens well? Who in your life likes to help with concrete tasks or errands? Write down the names of people you can reach out to and what role or roles they can best assist with:

When a family member or friend is ill, caregivers have most of their energy going outwards. Think of activities you can do that help you recharge and bring energy in. Write down one to two things that help you refuel:

Pay attention to the thoughts you tell yourself or your “self-talk”. Notice when you are being hard on yourself and change your self-talk to self-compassion. For example if you are telling yourself, “I’m not doing enough, I should be doing more” change this to “I’m doing all I can within my control”. How can you change your negative self-talk to positive and compassionate:

Sleep loss and disruption are common for family and friends of ICU patients. If you are anxious about stepping away from the bedside to get rest, what can help you feel more comfortable to do so? Is there a trusted family member or friend that can sit with your loved one while you take a break? Think about and discuss any concerns with the ICU staff. The ICU has eye masks & neck roll pillows available for your comfort. Write down things that will help you get rest:

Are there tasks, chores at home or work that are weighing on you? If so, who can help take some of these off your plate?



Cable Television Channel Lineup

2	CBS	40	Freeform
3	MMC Channel Guide	41	TLC
4	NBC	42	Cartoon Network
5	FOX	43	YES Network
6	SNY	44	QVC
7	ABC	45	Food Network
8	Univision	46	Encore Movies
9	MY9	47	Golf Channel
10	E!	48	NBC Sports
11	CW / PIX11	49	FOX Sports 1
12	MMC Chapel Channel	50	TCM
13	PBS	54	MMC Access Channel
14	MTV	55	MMC Access Channel
15	Bloomberg Television	56	MMC Access Channel
16	SyFy	57	MMC Access Channel
17	truTV	58	MMC Access Channel
18	A&E	59	MMC Access Channel
19	CNBC	60	MMC Access Channel
21	ESPN 2	62	MMC Access Channel
22	MLB Network	64	MMC - San Diego Zoo Kids
23	CNN	65.1	MMC Story Time Channel
24	FOX News Channel	66.1	MMC Access Channel
25	MSNBC	67.1	MMC Access Channel
26	Weather Nation	68.1	MMC Access Channel
27	ESPN		
28	HGTV	69	Music: Contemporary Instrumentals
29	Lifetime	70	Music: Hit Country
30	Discovery Channel	71	Music: Classic Hits Blend
31	Disney Channel	72	Music: 80's Hits
32	Nickelodeon	73	Music: 70's Hits
33	TBS	74	Music: 60's Hits
34	USA	75	Music: Malt Shop Oldies
35	TNT	76	Music: Today's Hits
36	ESPNews	77	Music: Be-Tween
37	American Movie Classics	78	Music: Hottest Hits
38	EWTN		
39	Disney XD		

Updated 03/21

Preparing for Transfer or Discharge

While leaving the ICU is an important milestone, it is often the first of many steps on the journey to recovery. It is normal for transfer to be both a time of eagerness and anxiety. The ICU team will work to keep you updated with timely information regarding transfer to another unit within the hospital, discharge to another facility or discharge home.

The Patient Liaison can provide you with the names of key staff members on the next unit within the hospital. If you are being discharged directly home from the ICU, the Nurse Care Manager will set up any services you may need. If you are being discharged from the ICU to a facility outside of the hospital, the Social Worker will help with referrals, insurance authorization and transportation to help facilitate your discharge. Each unit of the hospital has staff dedicated to helping plan your needs after the hospital.

- The critical care outreach nurse is an additional resource available to every patient at Morristown Medical Center. This is a critical care nurse who can assist in the care of the patient when their condition changes. Every patient in the SICU and MICU that transfers to another unit within Morristown Medical Center will be visited by the outreach nurse within 24 hours of transfer. The outreach nurse can also be called by the bedside nurse sooner than 24 hours or at any time during a patient's hospital stay to evaluate the patient and work in conjunction with the rest of the health care team. Family can also request to have the Rapid Response Team and outreach nurse activated by speaking to the bedside nurse.

After the ICU

There have been many medical advancements that have increased ICU survivorship. During recovery it can be common for some ICU survivors to experience new or worsening physical, cognitive and emotional health problems that remain after a critical illness. This is called Post-Intensive Care Syndrome or PICS. Family members and caregivers of former ICU patients can also experience emotional and psychological health problems such as anxiety, depression and posttraumatic stress disorder. This is referred to as PICS-F. While PICS and PICS-F can be common after a critical illness you may not experience any or all of these symptoms. Our hope is to raise awareness about PICS and PICS-F and provide resources for those that are experiencing these symptoms. If you or your family/caregiver are having difficulty, we want you to know that you are not alone and that help is available.

Thrive After the ICU: Resources and information to help you and your family thrive after a critical illness. This booklet has information on PICS and PICS-F as well as helpful provides during recovery and resources. You will receive a copy at the time of transfer or discharge from the ICU. If you would like a copy sooner, ask a staff member. You can also call our patient and family support specialist at 973-971-5699 for a free copy or download the guide at atlantichealth.org/ICU.

Atlantic COVID Recovery Center: Some people diagnosed with COVID-19 continue to experience symptoms that require aftercare. The Atlantic COVID Recovery Center addresses the needs of patients who have symptoms lingering 30 days after having the virus. Whether you are experiencing shortness of breath, experiencing mild symptoms, or need more intensive care — the medical team at Pulmonary & Allergy Associates are with you every step of the way. The center offers coordinated care to streamline the referral process with timely scheduling, testing and communications among our physicians. Please call 908-522-3361 for more information.

Post ICU Care Center: Whatever the cause of your ICU stay, if you are experiencing recovery challenges, such as new or worsening physical, cognitive and emotional health problems that remain after a critical illness, please contact the center. Our providers will assess your needs and come up with a plan to address your recovery needs. The center offers coordinated care to streamline the referral process with timely scheduling, testing and communicating among our physicians. Please call 908-522-3361 for more information.

Thrive: ICU Recovery Support Group: For former ICU patients and their adult family members. The group, part of the Society of Critical Care Medicine's Thrive collaborative, is a safe space to give and receive support and connect ICU survivors and their caregivers to others facing similar challenges and experiences during recovery. Registration is required before each member's first meeting. For more information, please contact our patient and family support specialist at 973-971-5699.

Facilities, Parking and Rest Rooms

- Starbucks: Located on Deskovick One.
- Apple A Day Cafe: Located on Gagnon C and in Goryeb D.
- Mo'town Café: Located on Kahn B.
Hours: Open daily 6:00am - 7:00pm
- Gift Shop: Located on Deskovick One.
- Parking: Please ask the nursing station or the family liaison for an updated parking discount pass.
- Restrooms: Located in the Family Waiting Room, Kahn 1 and Kahn 3.
- ATM: Located by the Simon elevators and by the Mo'town Café on Kahn B.

Thank you for Choosing Morristown Medical Center

On behalf of our employees at Morristown Medical Center, we wish to thank you for selecting our hospital for your health care needs. We are dedicated to ensuring that you and your loved one receive the highest quality of care.

Patient and family satisfaction is one of our highest priorities. Within a few weeks you will receive a Critical Care family survey, asking you to evaluate the care and attention you and your loved one were given during your stay in the ICU.

We would appreciate you taking a few moments to complete the survey. Your feedback is very important to us. If you think the care that was provided was "very good" please circle a "5" for each question. If for any reason you cannot rate us "very good" please share with us what we could have done differently to improve our services.

Thank you again for choosing Morristown Medical Center.



Things to Remember

Physician Name: _____

Specialty: _____

Phone #: _____

Physician Name: _____

Specialty: _____

Phone #: _____

Physician Name: _____

Specialty: _____

Phone #: _____

Nurses: _____

Physician Name: _____

Specialty: _____

Phone#: _____

Physician Name: _____

Specialty: _____

Phone#: _____

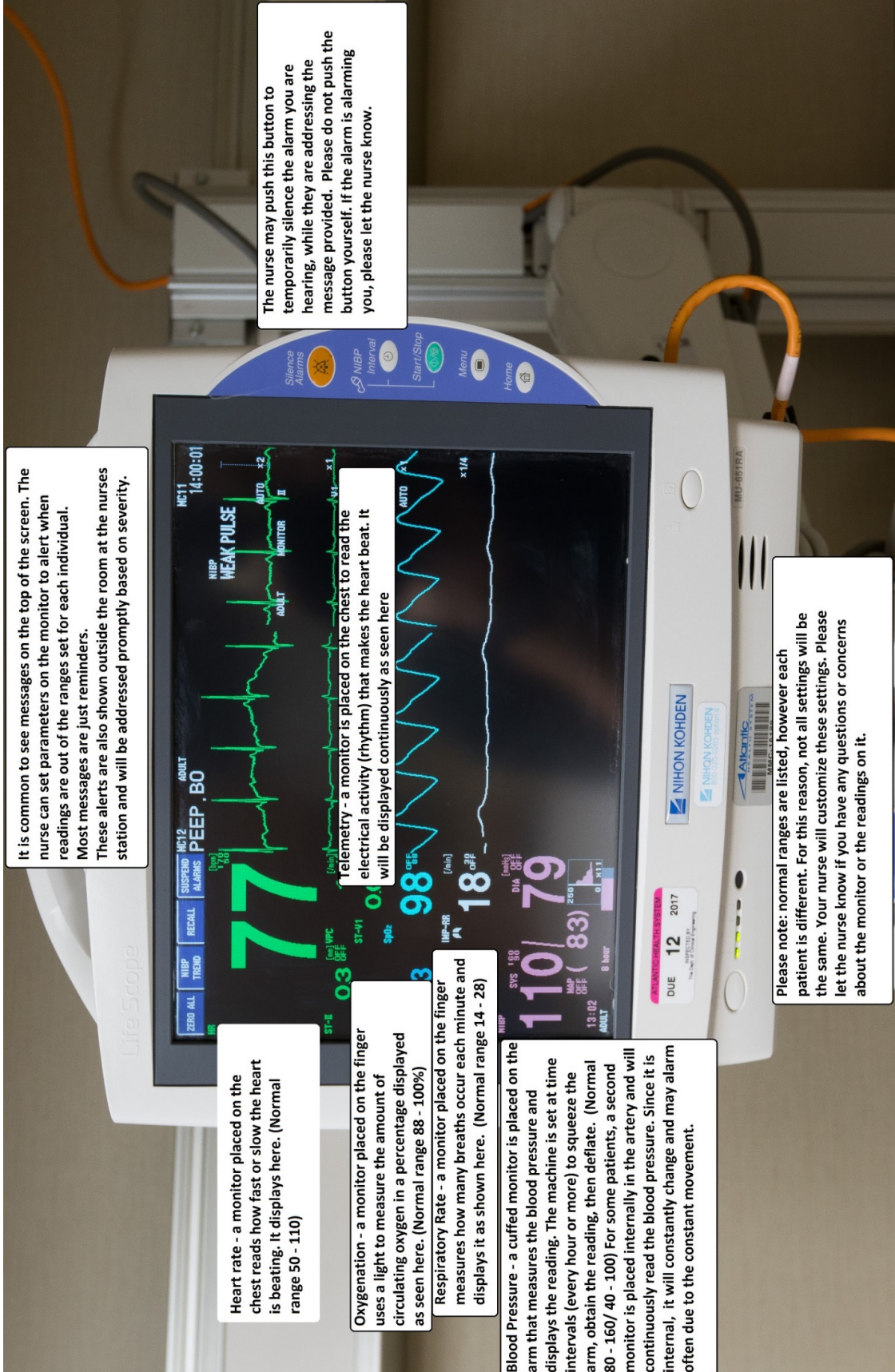
Nurses: _____

Helpful Websites

AtlanticHealth.org/ICU
icudelirium.org
Helpguide.org

Sepsis.org
ICUSteps.org
MyICUCare.org

This is a sample of a bedside monitor. Please take some time to familiarize yourself with the monitor and ask the nurse if you have any questions. Understanding the numbers and alarms can help you understand your loved one's condition.



**Morristown Medical Center
Intensive Care Unit**

100 Madison Avenue
Morristown, NJ 07960
973-971-5565

atlanticealth.org

MMC-45220-22
AH30033 (11/22)



Atlantic
Health System

Morristown Medical Center