



**FAMILY SUPPORT PROTOCOL FOR ICU**

**SJMC Core Value Human Dignity**

We respect the unique personhood of every individual with whom we come in contact in the provision of our services.

**Goals**

- Foster family member(s) feeling comfortable, welcome and cared for in the ICU setting.
- Familiarize the ICU staff with family member(s) and family member(s) with the ICU setting.
- Assure family member(s) and patient safety and well-being while present in the ICU.
- Enhance family member(s) feelings of being involved in their loved one's care.
- Familiarize family member(s) with the available support services of pastoral care and social services.

**Values Assessment**

Arrange for a family member(s) introductory conference within 24 - 48 hours of the ICU admission. (For patients with an anticipated length of stay greater than 48 hours.)

At the conference, make all appropriate introductions and determine the relationship of the patient to each family member present. (List family member[s] and relationship to patient).

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Determine if the family member(s) has had previous experience with a loved one being hospitalized in an ICU setting.

Ask about the family member(s)' condition (How are you doing? Are you getting adequate sleep? Do you have a place to stay at night?). (Especially important with out of town family members.)

Determine from the family member(s) if the patient has a designated legal representative (durable power-of-attorney for healthcare, healthcare proxy, or legal guardian) to act as the family contact person. If not, determine which family member will assume the role of contact person.

**Name and phone number of legal representative or contact person**

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Give the family an ICU information brochure.

Instruct the family member(s) on the importance of observing posted infection control signs and on safety issues, such as refraining from touching equipment.

Inform the family that, when they are visiting, they may be asked to leave the unit in certain situations (during report, emergencies or when certain procedures are performed.)

Explain to the family our wish to act in the patient's best interest and ask them if they can give "clear and convincing evidence" of the patient's wishes regarding the end-of-life issue of resuscitation. (This should be documented in the integrated progress note.)

Encourage family member(s) on positive interactions with the patient, (holding the patient's hand, talking to him / her, even when it may seem that the patient cannot hear.)

Explain the purpose of the care conference.

Explain the availability of advance directive counseling and include patient's family member(s) as an integral part of the process if the patient elects to execute a directive. (Provide the family with a copy of the Advanced Directive.)

If requested, provide the family member(s) with counseling on end-of-life issues.

Provide the family with information about the location and availability of the chapels. (See ICCU brochure).

Provide the family with information about the names / pager numbers and availability of the chaplain and social worker assigned to the ICU. (Fill out ICCU brochure section.)