

**ESSENTIA HEALTH East Region
St. Mary's / Duluth Clinic Health System (SMDC)
DEPARTMENTAL POLICY AND PROCEDURE**

SUBJECT: Guidelines for Participation of Patients'
Primary Supports and Guidelines for Visitors in the Adult
ICUs

POLICY #: CC 1110

SCOPE: Essentia Health - St. Mary's Medical Center

PAGE: 1 of 3

SECTION: Critical Care

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REVIEWED BY:

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PURPOSE:

- I. Essentia Health values and supports the patient- and family-centered care approach to care delivery. The purpose of this policy is to provide guidelines regarding persons spending time with critically ill patients in our Adult ICUs. This policy will provide the procedure for identifying support people, as well as allowing them access to the Adult ICUs. This policy differentiates between primary support team and visitors. Primary support people are integral in the care of the patient and are identified by the patient or decision-maker and are not considered visitors. With the concurrence of the nurse, primary supports are generally permitted to have greater access to the patient than visitors.

DEFINITION:

- I. Primary support: Primary support is defined by the patient, as one or two significant people who normally provide the patient with physical, psychological, or emotional support. The patient's primary supports are not limited to blood relatives. When the patient is unable to define primary supports, the patient's representative will provide this definition.
- II. Visitor: Visitors are guests of the patient or family. In some cases, visitors may be relatives. Visitors have restricted times during which they may see the patient.
- III. Adult: An adult is a person 18 years of age or older.
- IV. Decision-Maker / Patient Representative: The person, designated by the patient on admission or within a Health Care Directive, who is able to make decisions regarding health care when the patient is unable.
- V. Spokesperson: A designated individual who communicates with other friends and family regarding the patient's hospitalization and progress. This is the preferred way of communication with nursing staff, so that nurses do not have to take several phone calls. The spokesperson is designated by the patient or the decision-maker. There are instances that the decision-maker is also the spokesperson.

POLICY:

- I. Guidelines for participation of primary supports and visitors should be flexible in order to respond to the diverse and changing needs and preferences of each patient.
- II. With the support of the nurse, primary supports can usually come to the hospital at any time, at the discretion of the patient, or at the discretion of the decision-maker if the patient is a minor or does not possess decision-making capacity.
- III. The patient or decision-maker may set visitation limitations in conjunction with the nurse or health care team.

- IV. Generally, visiting hours are from 8:30 a.m. until 8:30 p.m.
- V. There are no age limits on visitors. Children, anyone under the age of 18, must be free from illness, calm, quiet and accompanied by an adult at all times.
- VI. Visitors are encouraged to sleep in local accommodations rather than the waiting areas. If support is needed in assisting with lodging the nursing unit provides brochures or contact social worker for assistance.
- VII. All primary supports will have a badge provided that serves as identification and an access key to the designated intensive care unit.
- VIII. The following colored lanyards represent the specific ICU:
 - A. Burn ICU - green
 - B. Coronary Intensive Care – navy blue
 - C. Medical Intensive Care – orange
 - D. Neuro-trauma Intensive Care – aqua
 - E. Surgical Intensive Care – salmon
- IX. The badge access is intended for one or two primary support people, the badge is not shared with visitors. If that occurs then the badge will be returned to the nursing unit staff.
- X. If the badge is lost, then call Security and it will be deactivated.
- XI. Neither the primary support persons, nor their belongings should obstruct health care providers access to or ability to care for the patient.
- XII. Visitors are responsible for all personal belongings. Essentia Health is not responsible for replacing lost or misplaced items, so it is recommended that only essential items be brought to the hospital. We encourage belongings to be taken home.
- XIII. Behavior expectations: if at any time, the health care team feels that a visitor or support person is being disruptive and/or presents a threat to the care and safety of the patients, visitors, or hospital employees, and/or the hospital property, that individual will be asked to leave. This pertains to primary supports as well, and the access badge will be returned or deactivated by security (unit will call security to deactivate badge) if that occurs.

PROCEDURE:

- I. Primary Supports: Upon admission or anytime during the patients' hospitalization in the ICU, the patient or the patient's decision-maker may determine who the patient's primary supports are. Typically this will include one or two people. Due to space limitations, it may be necessary to limit primary supports overnight.
 - A. Primary supports will receive a badge from the staff. This badge is to be given to the primary support when they arrive each day, logged out to that individual, and returned to the staff prior to departure from the hospital. It must be worn and visible to staff at all times, as it will allow access to the unit and identify the support team.
 - B. Upon admission to the ICU: the decision-maker, spokesperson and primary supports will be identified and documented. This information will be kept on the paper Kardex at each ICU nursing station. If there are any restrictions related to visitors, this information will also be documented here.
 - C. Support persons will be able to participate in care, as the patient or their decision maker desires, and are not considered visitors.
- II. Visitors
 - A. Visitors will utilize the phone outside each ICU to gain entry to the ICU.
 - B. Visitors may be restricted due to physical, emotional, or psychological needs of the patient. It may also be necessary to limit visitors to protect the privacy of the patient or others.
 - C. Visitors are expected to sanitize hands on entry and exit from the patient room.
 - D. Visiting is limited if the visitor is ill.
 - E. Fresh flowers, latex balloons, and plants are prohibited in the ICU.
- III. Guidelines for Healthcare Providers

- A. Nursing should review the primary support and visitor guidelines with the patient on or shortly after admission so the patient may make choices about primary supports and visitors. The nurse should let the patient know that they are free to make changes to their choices at any time. The nurse should also discuss the balance between providing support to the patient and allowing the patient sufficient rest and privacy. When appropriate, the nurse may also discuss caregiver fatigue.
- B. Nursing will share information on Bedside Care Rounds and complete the Preference card for participation. The preference card should be placed, once completed, in the front pocket of the paper chart.
- C. The nurse will document the patient's primary supports and visitor preferences on the plan of care and on the Kardex.
- D. The nurse will offer information to primary supports and visitors, according to the patient's wishes, so they can be knowledgeable about how they can be most helpful to the patient. "Information for You and Your Family while you are in the ICU" is available for patients and families while they are in the ICU setting.
- E. The health care team should be flexible in order to respond to the needs and preferences of each patient. Patients have unique needs, therefore prioritization must occur but also must be explained to the patient and support team. The team should help patients to modify the visiting schedule or expectations when needed (for example, when a patient needs a rest period).
- F. When potential problems are identified, staff should utilize a multidisciplinary approach to problem solving and are encouraged to seek consultation early. Consultation is available from any of the following:
 - 1. Managers or administrative representative
 - 2. Clinical Nurse Specialist
 - 3. Palliative Care
 - 4. Social Work
 - 5. Chaplaincy
 - 6. Patient Relations

REFERENCE(S):

- 1. UW Hospital and Clinics: Guidelines for Participation of Patients' Primary Supports and Guidelines for Visitors.
- 2. SMDC P&P A0018 Advance Directive for Health Care
- 3. SMMC P&P Nsg: 3038 Nursing Admission Assessment
- 4. Visitor Guidelines For the Adult ICUs

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