

A Guide for **Neurosciences** **Patients and** **Family Members**

Johns Hopkins Neurosciences
Critical Care Unit
and Inpatient Units

Patient Name

Your Surgeon

Johns Hopkins Medicine Mission

The mission of Johns Hopkins Medicine is to improve the health of the community and the world by setting the standard of excellence in medical education, research and clinical care. Diverse and inclusive, Johns Hopkins Medicine educates medical students, scientists, health care professionals and the public; conducts biomedical research; and provides patient-centered medicine to prevent, diagnose and treat human illness.

Johns Hopkins Medicine Vision

Johns Hopkins Medicine pushes the boundaries of discovery, transforms health care, advances medical education and creates hope for humanity. Together, we will deliver the promise of medicine.

Core Values

Excellence & Discovery

Leadership & Integrity

Diversity & Inclusion

Respect & Collegiality

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Section 1

When Visiting Your Family Member

Family members and friends are important to the recovery process and provide vital comfort and support.

Family Spokesperson

Each patient's family is encouraged to select one person to be the family spokesperson. This will be the person with whom the care team will communicate during the patient's stay in the Johns Hopkins neurosciences critical care unit (NCCU) and neurosciences inpatient units.

Phone calls from the family spokesperson are welcome at any time of the day or night. Other family members and/or friends may contact the family spokesperson for information about the patient. The spokesperson helps our staff to maintain patient privacy and allows us to provide a clear channel of communication to the family.

The Johns Hopkins Hospital requests that visitors who are ill refrain from visiting. During the flu season, restrictions on visitors based on age will occur. Exceptions during flu season must be approved by the Department of Hospital Epidemiology and Infection Control.

Tips for Your Visit

- Provide words of encouragement at every opportunity, and share the good wishes and support of family and friends.
- Let your loved one know you are there. Holding a hand, a gentle touch or the sound of your voice can be very reassuring.
- You may bring get-well cards and pictures of family and friends. These items personalize and add warmth and cheer to the room.
- Sit quietly by the bedside during your visit if the patient is asleep. Periods of rest are very important to patients during their time in the NCCU and inpatient units.
- We require that children visiting the patient are at least 12 years of age. This is for the safety of our patients and the children.
- Visitors should remain in the patient's room when visiting. If you have any questions, please use the call bell located either on the bed or on the hand-held remote control. It is important that we keep our hallways clear for patients' travel and for privacy.

Patient Safety

General

- We ask for your assistance in providing a safe environment for all patients.
- Please notify the patient's nurse if you have any safety concerns.
- Please do not provide food, drink or ice prior to approval from the patient's nurse.
- Please wait to send flowers until the patient has been transferred out of the NCCU to the inpatient units. Only artificial flowers are permitted in the NCCU due to the immunocompromised status of some of our patients.
- Only Mylar balloons are permitted in the hospital. Latex balloons are prohibited due to possible patient allergies. Mylar balloons are available at the Flower Cart and the gift shop on the first floor.

Fall Prevention

Falls can happen any time a patient is in the hospital, but they can occur more frequently after surgery and while a patient is on certain medications. Falls and their associated complications can prolong a patient's stay in the hospital and recovery.

When patients arrive on the unit, staff members will ask them about their history of falls. Colored cards will be posted outside each patient's room to alert staff if he or she is at moderate or high risk for falls.

To prevent your family member or loved one from falling while at The Johns Hopkins Hospital, follow these guidelines:

- Tell the nursing staff if the patient has a history of falls.
- Remind the patient to use the call bell to ask for help before trying to get out of bed, even when going to the bathroom. All visitors should call the nurse for assistance in getting a patient in/out of bed or to the bathroom.
- Make sure the call bell and other needed items are within reach of the patient before leaving the room.
- Encourage the patient to stay in place and wait for assistance after calling for help.
- The patient should sit on the side of the bed before standing and then stand slowly, since some medications or conditions can cause dizziness when changing positions.
- When the patient is finished in the bathroom, remind him or her to use the call bell and wait for staff to assist the patient back to bed.
- The patient should wear nonskid footwear; shower shoes, as appropriate; and use equipment that has been provided for safety.
- The patient should not use IV poles or furniture with wheels for support while walking.

Hand Hygiene and Infection Prevention

- All visitors must comply with infection control practices and/or isolation guidelines as required by the patient's condition or the needs of the unit.
- Please wash your hands as you enter and before exiting the patient's room. You may wash your hands using hand sanitizer or soap with water. A member of our team is available to provide guidance with the correct hand hygiene process if needed.
- Please refrain from touching the patient's intravenous catheter, Foley or other medical tubing so that they can be kept clean and free from infection.

Helpful Suggestions and Questions to Ask

The following information will help you stay informed during the patient's stay.

1. Write your questions down as you think of them. There are notes pages at the back of this guide. It is helpful to keep all the information you receive in one place.
2. The following is a list of questions you might want to ask to help you stay informed of the patient's progress:
 - What information do you have to share with me today?
 - What is the plan for care?
 - What tests/procedures are being performed? Why?
 - How will test results be communicated? Who will do so?
 - What progress has been made since my last visit/since we last spoke?
 - What progress can be expected in the next 24 and 48 hours?
 - How will the pain be managed?
 - What should I expect to see?
 - How will the patient communicate with me?
 - When will the patient be discharged?
3. If there is any member of the health care team that is not present while you are visiting and you wish to speak with that person, please ask the nurse or clinical customer service coordinator (CCSC) to arrange a meeting. The clinical staff will attempt to arrange a meeting with that member of the health care team at a convenient time. In the event there are issues that your nurse cannot resolve, please ask for the CCSC, charge nurse or a nurse clinician III.

Caregiver/Family Self-Care

Taking care of yourself is important. Please recognize your need for sleep, food and taking your medications. Caregivers and significant others often become physically and emotionally affected. It is very important for you to pay attention to your own physical and emotional needs.

Our CCSCs or clinical customer service representatives (CCSRs) can assist in helping you find accommodations, dining, and other hospital and community services. The Johns Hopkins Medicine website, hopkinsmedicine.org, provides contact information and links to area services and community resources. Please do not hesitate to ask us for assistance during your stay.

Nutrition Services

The meal service At Your Request is available for patients and guests in the NCCU and inpatient units. Patients' meals are free, and guests' meals are available for a minimal cost. For your convenience, this will be reflected on the patient's hospital bill. Please indicate if you are ordering a guest tray. Meal orders must be placed between 7 a.m. and 6:30 p.m. They will arrive within one hour of ordering. Staff, family members or a nutrition assistant can assist patients that need help ordering. If you have any issues, questions or need a menu, please contact any member of our team.

Section 2

The Johns Hopkins Neurosciences Critical Care Unit

Location: Zayed 3 West

An intensive care unit is a highly specialized unit where patients with complex medical and nursing care needs are monitored and treated. The Johns Hopkins NCCU on Zayed 3 West is a specialized 24-bed unit that cares for neurology and neurosurgery patients.

The NCCU team makes every effort to accommodate the needs of patients and their families during a patient's stay on the unit.

Visitors: When You Arrive

When arriving on Zayed 3 to visit a friend or family member, enter the NCCU family lounge, where a CCSR will be available to guide you to the patient's room and help to answer any questions you may have.

Visiting Hours

NCCU visiting hours are posted in the family lounge area. Up to three visitors are permitted to be at the patients' bedside during visiting hours. Only one visitor (age 18 and over) can sleep overnight in a patient's room. Four visitors per patient can be accommodated in the family lounge.

Patient Room

During your visit, you might hear various equipment alarms in the patient's room. Please do not attempt to adjust or silence these alarms. If you have any questions about the equipment, please feel free ask the staff. We are happy to explain all pieces of equipment and how they are helping your loved one to recover.



Request assistance from a member of the clinical team

Headphone connection

Keyboard connection

Access the interactive main screen to view the patient's care team, unit and hospital description

The arrow button will allow you to navigate the interactive screen

Comprehensive list of channels available to you

Use this keypad to manually change television channels

Hand-held call bell

NCCU patient room

A-G. NCCU patient room

- A. Cardiac monitor
- B. Patient room number
- C. Oxygen flowmeter
- D. Utility arm
- E. Suction canister and tubing
- F. Medicine pump
- G. Computer

Daily Routine

In the NCCU, our team of intensive care physicians and nurse practitioners will do “rounds” during the morning hours. Rounds are used by the care team to assess, progress and plan goals of care for the day. Our rounds are collaborative between our physician team and nursing staff, and visitation may be limited during these times.

Our staff changes shift between 7 and 7:30 a.m. and again from 7 to 7:30 p.m. We kindly ask that family members and friends avoid calling for updates during shift change, as it is critical for our staff to be able to transition care effectively.

Family Lounge

The NCCU family lounge is located adjacent to the NCCU, on the right when you exit the third floor elevators. The family lounge has ice and water machines and a refrigerator. Covered drinks and light snacks are permitted in the lounge area. It is open daily from 8 a.m. to 10 p.m.

Johns Hopkins neurosciences clinical customer service representatives and clinical customer service coordinators in the family lounge.



Frequently Asked Questions About the NCCU

When will the doctor be available?

Our physicians round daily on patients from approximately 7 a.m. to noon and again from approximately 4 to 6 p.m. If you have questions about your family member, please alert a nurse or the CCSC.

Family conferences can also be arranged by a nurse or the CCSC. Typically, we schedule conferences between 2 and 4 p.m., but updates and conference times can vary depending on the patient's family situation and schedule. If there are any changes to the patient's condition, someone from the team will call the patient's designated family spokesperson directly.

Where should I go when the nurses or doctors are working with my family member?

Our dedicated family lounge area can accommodate all visitors; however, the CCSR can also provide several options for alternate waiting areas, food services and general guest services.

Can I stay overnight with my family member in the NCCU?

Overnight stays are limited to one family spokesperson/caregiver. Please speak to the nurse or CCSR to make these arrangements. In addition, our staff can help you find a place to stay overnight. It is important for our patients and their families to get adequate rest.

What can I do to help the clinical team provide care for my loved one?

We value family participation with our NCCU team. We require that our clinical staff manage all patient care activities, such as procedures, medications and/or treatments, but a patient's family members and friends provide great support. We encourage family members and friends to keep in touch with the CCSC, nurse, physicians and other staff members regarding the patient's daily routines, medications and history, family requests, or any other needs that may arise during his or her stay in the NCCU.

Photographs, drawings and cards are welcome in the room, and your presence during visiting hours can help the healing process move forward. Please ask the CCSC or nurse about what else you can do to help your loved one.

Section 3

The Johns Hopkins Neurosciences Inpatient Units

Location: Zayed 12

Patients will spend time in our neurosciences inpatient units on Zayed 12 either directly after surgery or after staying in the NCCU. Our inpatient units include:

- A six-bed brain rescue unit on Zayed 12 West
- A 26-bed acute adult inpatient unit on Zayed 12 West
- A six-bed epilepsy monitoring unit on Zayed 12 East
- A 26-bed acute adult inpatient unit on Zayed 12 East

Visitors: When You Arrive

When arriving on the inpatient units on Zayed 12 East or West, a CCSR will be available to guide you to the patient's room and facilitate getting your questions answered.

Visiting Hours

Family members and friends can visit at any time. Only one visitor (age 18 and over) can sleep overnight in a patient's room.

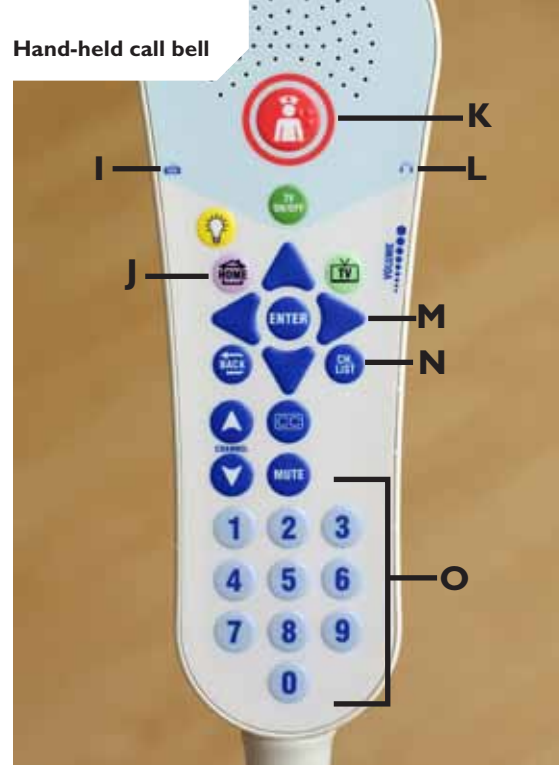
Patient Room

The following illustrates the medical equipment commonly found in most patient rooms. The glossary at the end of this guide provides some information about specialized pieces of medical equipment.

During your visit, you might hear various equipment alarms in the patient's room. Please do not attempt to adjust or silence these alarms. If you have any questions about the equipment, please feel free ask the staff. We are happy to explain all pieces of equipment and how they are helping your loved one to recover.



A neurosciences inpatient room



Hand-held call bell

Daily Routine

For our neurosurgery patients, the neurosurgery team members round early in the morning before they go into surgery. Rounds are used by the care team to assess, progress and plan goals of care for the day.

For our neurology patients, the neurology team rounds in the morning. The team consists of a neurology attending and residents.

Family Areas on the Units

There is a sitting area directly across from the elevators. On each unit, there is a family lounge with water, a refrigerator (for family food) and a coffee machine.

Preparing for Your Return Home

When it is time for the patient to leave the hospital, the nurse or social worker/discharge planner will speak with the patient and his or her family members about how to prepare for the trip home or to another place of healing. Please speak with the health care team about an approximate time for discharge.

Medication

The patient's physician will provide prescriptions that will need to be filled upon discharge. The patient's nurse or the CCSR can help obtain these medications by faxing prescriptions to your local pharmacy or by having them filled here at the Arcade Pharmacy, located on the main level of the Sheikh Zayed Tower in room M2125.

A-H. Neurosciences inpatient room.

- A. Overhead bed**
- B. Medication pump**
- C. Oxygen flowmeter**
- D. Patient room number**
- E. Call bell**
- F. Patient phone**
- G. Blood pressure machine**
- H. Computer**

I-O. Hand-held call bell.

- I. Keyboard connection**
- J. Access the interactive main screen to view the patient's care team, unit and hospital description**
- K. Request assistance from a member of the clinical team**
- L. Headphone connection**
- M. The arrow button will allow you to navigate the interactive screen**
- N. Comprehensive list of channels available to you**
- O. Use this keypad to manually change television channels**

Frequently Asked Questions About the Inpatient Units

When will the doctor be available?

Our physician teams round daily on patients in the early morning before noon. If you have questions about your family member, please alert a nurse or the CCSC so that we can contact the physician to answer your questions.

Family conferences can also be arranged by a nurse or the CCSC. Typically, we schedule conferences between 2 and 4 p.m., but updates and conference times can vary depending on the patient's family situation and schedule. If there are any changes to the patient's condition, someone from the team will call the patient's designated family spokesperson directly.

Where should I go when the nurses or doctors are working with my family member?

Our dedicated family lounge area can accommodate all visitors, but the CCSR can also provide several options for alternate waiting areas, food services and general guest services. However, there are periods in which we may encourage family members to stay and observe patient care so that we can educate the patient and family members in preparation for discharge.

Can I stay overnight with my family member?

Overnight stays are limited to one family spokesperson/caregiver. Please speak to the nurse or CCSR to make these arrangements. In addition, our staff can help you find a place to stay overnight. It is important for our patients and their families to get adequate rest.

What can I do to help the clinical team provide care for my loved one?

We value partnering with patients and their families in developing the patient's plan of care and in creating a safer patient care environment. We require that our clinical staff manage all patient care activities, such as procedures, medications and/or treatments, but a patient's family members and friends provide great support. We encourage family members and friends to keep in touch with the CCSC, nurse, physicians and other staff regarding the patient's daily routines, medications and history, family requests, or any other needs that may arise during their stay in the unit.

Photographs, drawings and cards are welcome in the room, and your presence during visiting hours can help the healing process move forward. Please ask the CCSC or nurse about what else you can do to help your loved one.

Section 4

Glossary of Terms

The following information was created to help you understand some of the terminology that you are likely to hear.

Clinicians and Staff

Case manager: Coordinates interdisciplinary care for a select group of patients with special or high-risk discharge needs to ensure that patients are able to receive the care they need when they return to the home setting.

Clinical customer service coordinator (CCSC): Serves as a liaison between the patient's family and the clinical care staff. He or she is specially trained to manage patient/family concerns or questions and resolve issues while in the hospital. The CCSC also arranges for family meetings or conferences. CCSCs wear tan pants, a light blue shirt/blouse and a navy jacket.

Clinical customer service representative (CCSR): Supports the work of the unit by staffing the nursing stations, answering incoming calls, preparing medical records and providing customer service support to the unit. CCSRs wear tan pants, a light blue shirt/blouse and a navy vest.

Clinical nutrition assistant: Supports the unit by taking diet orders for those who are able to eat and by delivering trays.

Clinical technicians/nursing students: Assist with patient care under the supervision of the registered nurse assigned to the patient. Clinical technicians wear olive-green uniforms.

Environment of care team support

associates: Staff members who support the work of the neurosciences critical care unit (NCCU), neurosciences inpatient units and the environment by preparing supplies, ensuring adequate supply stocks and maintaining a clean patient care environment. Support associates wear khaki tops and black pants.

Nurse: A registered nurse is assigned to manage and coordinate the patient's care. The nurse has specialized education and training to care for neurosciences patients. He or she provides care to one or two patients per shift. Registered nurses wear navy uniforms.

Nurse practitioner (NP): A nurse practitioner is an advanced practice nurse who directs the care of patients. NPs function in a similar capacity to physicians and are specially trained in nursing and in caring for critically ill neuroscience patients. The NPs work under the direction of the attending physician/intensivist. NPs wear ceil (a shade of blue) uniforms.

Pharmacist: A pharmacist works collaboratively with the physicians and nurses regarding any medications given to the patient. Pharmacists wear hunter-green uniforms.

Physicians: Doctors in the NCCU and inpatient units direct the medical care of the patients. A team may include medical students, interns, residents

and fellows. Teams are guided by an attending physician or intensivist (in the NCCU only) who is specifically dedicated to caring for neurosciences patients.

- **Attending:** A physician who has completed residency training and can supervise the fellows, residents, nurse practitioners, physician assistants and medical students
- **Fellow:** A physician who has completed residency training and is currently in a two-year subspecialty training program
- **Intensivist:** A physician specialist in critical care medicine
- **Resident:** A physician who is in postgraduate medical training

Physician assistants:

Function under the direction of the neurosurgery residents and attendings on Zayed 12. They are trained to respond to specific needs of neurosurgery patients on the inpatient units.

Physical therapist/ occupational therapist (PT/OT):

Specially trained to assist patients with physical rehabilitation while in the hospital. A PT/OT works as a part of the multidisciplinary team to prepare patients to return to physical activities. Physical therapists and occupational therapists wear wine-colored uniforms.

Respiratory therapist:

Manages the equipment and oxygen necessary to support the patient's breathing. Respiratory therapists wear Caribbean-blue-colored uniforms.

Social worker: Specially trained and licensed to provide support regarding discharge planning, rehabilitation referral, social services and other issues. Social workers comprise an integral part of multidisciplinary teams that take care of patients.

Spiritual care and chaplaincy: Representatives provide emotional and religious support to patients and families during their stay in the hospital.

Unit coordinator: Serves as a liaison between the environment of care, central stores and nutrition teams. This role coordinates unit-based supplies and equipment.

ID | Caregiver Identifier

At Johns Hopkins we have a highly trained staff of health care professionals working together to provide you quality care. This is a guide to help you clearly identify staff members you may see throughout your stay.

CLINICAL STAFF

 Registered Nurse NAVY	 Physical Therapy, Occupational Therapy, Speech Therapy WINE
 Clinical Support OLIVE	 Pharmacist HUNTER
 Nurse Practitioners and Physician Assistants CEIL	 Radiology Imaging Technologists, Cardiology Testing, Vascular Surgery Testing, Neurology Testing, Radiation Therapy GRAY / BLACK
 Lab Personnel EGGPLANT	
 Respiratory Therapy and Technical Staff CARIBBEAN BLUE	

SUPPORT STAFF

 Unit Support KHAKI / BLACK	 Sitters RED / BLACK	 Companions YELLOW / BLACK
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Medical Terminology

Arterial blood gas (ABG, blood gas, gas):

A blood test performed on an artery that helps to evaluate how a patient is breathing. It measures the amounts of oxygen and carbon dioxide in the blood.

Arterial line (art-line, a-line): A small plastic catheter inserted into an artery and attached to a pressure monitor for the purpose of measuring blood pressure and obtaining blood samples

Assessment: An examination of the patient by a doctor or nurse. This may include but is not limited to obtaining vital signs, including blood pressure, pulse and respiration rate; determining mental status; listening to lungs; and evaluating urine output and drain contents.

Cardiac monitor (monitor): A screen located in the room that continuously displays the patient's vital signs. Vital signs may include heart rate, blood pressure, pressures in the heart, oxygen saturation, respirations, etc. The patient is attached to the cardiac monitor by various wires and cables. Nurses and doctors can view this information at different areas in the intensive care unit.

Catheter (tube, line, drain): A small plastic tube

Central line (IJ, subclavian line, femoral line): An intravenous catheter that is placed into a large vein (usually near the neck or collarbone) for the purpose of administering intravenous fluids, medications, nutrition and/or measuring certain pressures

Consultant: A physician known as a specialist in a particular field of medicine

EKG (rhythm): Monitors and displays the heartbeat and function of the heart.

Endotracheal tube (ET tube): A breathing tube that is placed in the mouth or nose. This tube is attached to a ventilator or another oxygen source that assists the patient in his or her breathing effort.

Face mask (oxygen mask, O2 mask): A plastic mask placed over the nose and mouth. A plastic hose is attached to the mask, which delivers oxygen from an oxygen tank or a source of oxygen in the wall.

Foley catheter (Foley): A soft tube that is inserted into the bladder to drain urine

Isolation: Isolation is the setup of a patient room and practices that will prevent the spread of infection from one person to another. You may be required to wear a mask, gown or gloves while in the patient's room. Certain illnesses and/or infections may require the patient to be placed in isolation. Our hospital policies identify the type of isolation based on the illness and/or infection. The type of isolation is posted on a sign outside the patient's room.

Intra-aortic balloon pump (IABP): A catheter with a balloon inserted into the heart to make the heart's work easier

Intra-arterial: In the artery

Intravenous: In the vein

Intravenous catheter (IV, intravenous line, IV line, line): A small plastic tube inserted in a vein for the purpose of administering intravenous fluids, medications, nutrition and/or measuring certain pressures

Intraventricular catheter (IVC)/intracranial pressure monitor (ICP): A small tube that is inserted into the brain that allows brain pressure to be monitored. It also may allow for drainage.

Nasal cannula (cannula): A plastic tube that fits around the head and face with two short prongs for the purpose of administering oxygen. A plastic hose is attached to the cannula, which delivers oxygen from an oxygen tank or a source of oxygen in the wall.

Nasogastric tube (NGT, NG)/oral gastric tube (OGT, OG): A tube that is placed into the nose or mouth that leads to the stomach that can be used for the administration of medications, nutrition and/or drainage of stomach contents.

Percutaneous endoscopic gastrostomy tube (PEG tube): A tube inserted into the stomach to provide nutrition to patients who cannot eat by mouth. Often referred to as a feeding tube.

Procedure: Test or treatment that is carried out by the health care worker to prevent, treat or diagnose a problem

Pulmonary artery catheter/Swan-Ganz catheter (Swan): A tube that measures various pressures of the heart, as well as blood flow to and from the heart

Pulse oximeter monitor (ET finger, O2 sats, sats): A probe attached to a monitor, with a light sensor placed on the finger, toe or earlobe that monitors the oxygen saturation (content) of the blood

Restraint: A safety device that is a cloth cuff, mittens or a jacket placed on the patient to prevent self-harm by limiting movement

Suction: Removal of secretions or drainage from the patient's airway or other body cavity

Thromboembolic deterrent stockings (TED stockings): White stockings that are worn on the legs to help prevent blood clots from forming. A patient may also have sequential compression device or SCDs placed on their legs. SCDs inflate and deflate to massage the legs and further prevent blood clots.

Tracheostomy (trach): Surgical opening in the neck that allows insertion of a breathing tube into the patient's airway. This tube is attached to a ventilator and/or an oxygen source that assists the patient in his or her breathing effort.

Vasoactive drugs (pressors, drips): Strong medications that are given through an IV to help increase or decrease blood pressure and heart function

Ventilator/respirator (vent/breathing machine): A machine that delivers oxygen to the patient through an ET tube or tracheostomy. This machine assists the patient with breathing.

Section 5

Important Telephone Numbers

Visit hopkinsmedicine.org for more information about Johns Hopkins Medicine.

Please note that when dialing from a telephone at The Johns Hopkins Hospital, the last five digits are all that are necessary. For example, if you want to reach 410-955-5000, dial only 5-5000.

Neurosciences Telephone Numbers:

Neurosciences Critical Care Unit (NCCU)	410-955-8070
Zayed 12 West	410-955-8090
Zayed 12 East	410-955-8080

General Telephone Numbers:

Main Number	410-955-5000
Guest Services	410-614-5100
Lost and Found	410-955-5588
Parking	410-955-5333
Patient Relations	410-955-2273
Patient Information	410-502-4000
Public Transportation (MTA/Metro)	410-539-5000
Security	410-955-5585
Social Work – Adult	410-955-5885
Social Work – Pediatric	410-955-5842
Spiritual Care and Chaplaincy	410-955-6518
TTY (for deaf and hearing-impaired)	410-955-6217
Volunteer Services	410-955-5924

International Patient Services:

Within the U.S.	410-955-8032
International	+1-410-502-7683
Interpreter Services	410-614-4685

Outpatient Pharmacies:

Arcade (in Zayed Tower)	443-287-9200
Monument Street	410-502-5735
Moore Clinic	410-614-5611
Outpatient Center	410-955-3733
Weinberg	410-955-5747



