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Date July 7th, 1972

A DESCRIPTIVE STUDY OF PATIENTS HOSPITALIZED IN AN INTENSIVE CARE UNIT

by

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ABSTRACT

The purposes of this study were: 1) to determine if the patients felt their physical and emotional needs were met and by whom; 2) to determine how patients perceived the environment of the Intensive Care Unit; 3) to help nurses become more aware of how the patient feels about the environment and the nursing care of the Intensive Care Unit; and 4) to develop some guidelines that might better help the nurses in the Unit, better meet the patient's physical and emotional needs.

The investigator interviewed thirty-one patients who had been hospitalized in an Intensive Care Unit in a large modern Montana hospital. A self-constructed interview guide was used to fulfill the purposes of the study.

The results of the study indicate that intensive care patients feel their physical needs are met. They feel very secure in the Unit because of the closeness of the nurses and this is what they miss most when they are discharged to the general floor. These patients have certain fears or worries that they do not discuss with the nurse in the Unit because she is too busy. The patients perceive the Unit as drab, noisy, lacks privacy, and has rigid visiting regulations.

CHAPTER I

INTRODUCTION

The Intensive Care Unit is a rapidly developing specialized area in the hospital for the care of the acutely ill patient. Today it is an essential part of modern hospital care. Depending on the needs of the hospital and the needs of the patients they serve, most hospitals will have some form of Intensive Care Unit. In some smaller hospitals the Intensive Care Unit may be combined with the Coronary Care Unit; however, in most hospitals the Intensive Care Unit is a separate department by itself.

According to Doctor Meltzer:

> Fundamentally, intensive care is a plan designed for critically or seriously ill patients who are unable to communicate their needs, or who require deliberate, planned observation and highly skilled nursing attention. The care is usually provided in a separate self-sufficient facility within which all necessary equipment and supplies are immediately at hand.[1]

Intensive Care Units then for the most part are specialized, self contained areas in the hospital for the care of the acutely ill patient. They house all of the necessary equipment to maintain the patient's vital functions and to take care of emergencies that may

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[1]Lawrence Meltzer and Faye Abdellah, Concepts and Practices of Intensive Care for Nurse Specialists (The Charles Press Publishers, Inc., 1969), p. xi.

arise. In most hospitals it is the private physician who admits, cares for, and discharges the patient from the unit. This certainly adds to the continuity of the patient's treatment program. There is usually a chief of the unit who is a physician appointed by or elected by the medical staff of the hospital. He and his committee are responsible for formulating and administering the unit's policies so that maximum patient care is possible.

The philosophy of the Intensive Care Unit is based on the fact that there are many conditions that can cause death; however, if the health team can preserve the vital functions of life, until the patient's body is capable of resuming its lost function, the patient has a chance for survival.[2]

Because of the types of patients in the unit, the care they need, the equipment used, and the philosophy of the unit itself, the nurse who works in this department of the hospital must receive additional theory and clinical training beyond her basic nursing program. Hospitals tend to select nurses to work in the unit on the basis of their individual stability, empathy, and willingness to continue learning and to keep up in their specialized field of nursing.[3]

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[2]Zeb L. Burrell and Lenette Owens Burrell, Intensive Nursing Care (St. Louis: The C. V. Mosby Company, 1969), p. 3.

[3]*Ibid.*, p. 4.

The special Intensive Care nursing courses are usually offered through a hospital, a community college, or a university. The curriculum includes time in the classroom covering each of the body's systems and the conditions, treatment, procedures, and nursing observation for each particular system. A period of time is also spent in the clinical area putting the theory to practice.

In reviewing the course outlines and textbooks for these special classes, it seems much emphasis is placed on the patient's physical needs and equipment and procedures used in the unit. This seems to relate back to the fact that in nursing we have always put great stress on physical care, primarily because the complaints that bring the patient to the hospital are physical. Because we realize that emotional problems can cause illness and disease can cause emotional problems, we are now emphasizing total patient care, caring for the patient's physical needs as well as emotional needs.[4]

Doctor Burrell sums up nursing in the Intensive Care Unit by his statement:

> The key to successful operation of the Unit, regardless of the medical staff, is the kind, intelligent, well informed, and observant nurse.[5]

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[4]Ruth Piepgrass, "The Other Dimension: Spiritual Help," American Journal of Nursing, December, 1968, p. 2610.

[5]Burrell, *op. cit.*, p. 5.

This investigator became interested in talking with patients who had been in the Intensive Care Unit to see if they felt their physical ane emotional needs were met and who met them. How the patient in the unit perceived the environment of the unit was also of interest to this investigator.

Statement of the Problem

This study was undertaken to determine if the physical and emotional needs of the Intensive Care patient were met and by whom. There was also a need to see how the patient viewed the environment of the Intensive Care Unit.

Purposes of the Study

1. To determine if the patients felt their physical and emotional needs were being met and by whom.
2. To determine how patients perceived the environment of the Intensive Care Unit.
3. To help nurses become more aware of how the patient feels about the environment of the unit and the nursing care.
4. To develop some guidelines that might better help the nurse meet the patient's physical and emotional needs while in the unit.

Justification of the Study

Serious illness and the necessity of being placed in an Intensive Care Unit has a strong impact on a patient. This investigator firmly believes that nurses need to be more concerned, not only with the patient's physical needs, but also with his emotional needs at the time he is in the unit.

Doctor Donald S. Kornfield, chief of the Psychiatric Consultant Service, Columbia Presbyterian Medical Center, in his article "Psychiatric Aspects of Patient Care in the Operating Suite and Special Areas", states that two concerns should be looked at when patients are placed in special areas:

1. The hospital is a unique and usually terrifying experience for patients. It is too easy for those of us who live in this environment each day to adapt to it as a matter of routine and to overlook its uniqueness in the experience of patients.

2. The emotional response of patients in the operating suite or special areas are worthy of concern, not for humanitarian reasons alone, but because these responses are accompanied by physiologic reactions which can be clinically significant.[6]

Doctor Kornfield further states:

> Above all else supportive interaction is needed with a staff who appreciates the emotional impact of the environment on patients. The greatest danger is that we become so absorbed with the equipment that we forget the patient attached to it.[7]

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[6]Donald S. Kornfield, "Psychiatric Aspects of Patient Care in the Operating Suite and Special Areas," Anesthesiology, August, 1969, p. 166.

[7]*Ibid.*, p. 170.

Thus, not only understanding a patient's needs, but also being able to convey that understanding to the patient, becomes important to the Intensive Care nurse.

In the "Centerscope", a newsletter of the Washington Hospital Center in Washington, D. C., Miss Judy Rose, staff nurse in the existing Coronary Intensive Care Unit, states:

> Because of the nature of Intensive Care Units, patients there are usually under a great deal of emotional stress. Emotional needs of a patient in this kind of unit are frequently greater than his physical needs.[8]

Also from the same bulletin, Doctor Leon Gerber, chairman of the Intensive Care committee states:

> A number of things are being done to alleviate the aura of crisis which can increase the patient's anxiety about his condition. In the new unit the department of psychiatry will play a large role in the general principle of patient care management. The demand for carefully planned emotional support has been a major consideration in the design of the new wing.[9]

It appears from the literature that the problems of unit design, staffing, staff education, and the patient's physical needs have been adequately covered. We need to focus our attention on the patient's emotional needs as well as physical needs or total patient care.

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[8] _____, "Emotional Needs in the ICU," Centerscope, Winter, 1971, p. 12.

[9] *Ibid.*, p. 12.

In view of the fact that nurses, who are working in the Intensive Care Unit, have expressed concern over the patient's emotional needs and his perception of the environment of the unit, it seems worthwhile to conduct this study.

Assumptions

Intensive Care patients have special needs due to the fact that they are in this specialized area. These patients also have certain anxious feelings about the environment in the Unit.

Limitations

1. The extent to which the patient understood the questions and the purpose of the study.
2. The time lapse from discharge from the Unit to the interview.
3. The interviewer's lack of interviewing skill.
4. Since the investigator wrote the answers to the Interview Guide for the patient, her personal feelings may have been unintentionally incorporated into the patient's response.

Definition of Terms

1. Need.-- A need is an organismic condition which exists within the individual and which demands certain activity. A need evolves from a state of tension which disrupts the individual's equilibrium and produces a relative degree of discomfort which, in turn, propels him to do something about it in order to

reestablish equilibrium.[10]

2. Nursing Need.-- A nursing need is any requirement of the ill person or his family which can be met by the nurse practioner, and which lies within the scope of the legal definition of nursing practice. A nursing need is also a requirement which, if met, assists the individual or family to prevent or cope with the experience of illness and suffering.[11]

3. Physical Need.-- Physical needs predominate in the motivation of human behavior and drive the mechanisms that maintain homeostasis - the constancy of the internal environment of an organism. It involves the regulation of respiratory, nutritive, and excretory functions, as well as maintenacne of the water content of tissues, adjustments of body temperature and the operation of numerous protective mechanisms.[12]

4. Emotional Need.-- An emotional need is a certain inner feeling that each individual experiences. These needs include love, trust, self esteem, identity, productivity, security, self control, and the desire for recognition.[13]

5. Descriptive Study.-- A descriptive study typically constitutes a way of obtaining facts and figures about a current situation. This method attempts usually to describe a condition or to learn the status of something and, whenever possible, to draw valid general conclusions from the facts discovered.[14]

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[10]Martha Brown and Grace Fowler, Psychodynamic Nursing (Philadelphia: W. B. Saunders and Company, 1966), p. 16.

[11]Joyce Travelbee, Interpersonal Aspects of Nursing, (Philadelphia: F. A. Davis Company, 1971), p. 121.

[12]Lillian Brunner, Charles Emerson, Kraeer Ferguson, and Doris Suddarth, Textbook of Medical and Surgical Nursing, (Philadelphia: Lippincott, 1970), p. 5.

[13]*Ibid.*, p. 29.

[14]Tyrus Hillway, Introduction to Research (Boston: Houghton Mifflin Company, 1956), p. 175.

6. Structured Interview.-- The structured interview is a process by which the observer gathers data by verbal questioning of the subject to elicit data on the variables being studied.[15]

7. Open Form Questionnaire.-- In the open form, the questions are asked in such a way that the respondent replies in his own words.[16]

8. Intensive Care Unit.-- An Intensive Care Unit groups critically ill patients under the care of specially trained staff members who ideally have both the education and the personality to give attention to minute physiological variations.[17]

Summary

This is a descriptive study to determine if patients hospitalized in an Intensive Care Unit in a Montana hospital felt their physical and emotional needs were met and who met them. The study also included the patients perception of the environment in the Unit. The first chapter includes the introduction, problem, purpose, justification, limitations, and definition of terms used. The remainder of the study will consist of the review of literature, methodology of the study, analysis and interpretation of the data, a summary and a conclusion.

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[15]Faye G. Abdellah and Eugene Levine, Better Patient Care Through Nursing Research (New York: The MacMillan Company, 1965), p. 703.

[16]Hillway, *op. cit.*, p. 191.

[17]Burrell, *op. cit.*, p. 3.

CHAPTER II

REVIEW OF LITERATURE

Many of the early articles concerning the Intensive Care Unit were devoted to the various kinds of units, unit design, functions of the unit, staffing and education of the staff. In recent years the articles have mostly dealt with the emotional needs of the patients in special care areas.

Doctor Harry S. Abram, Associate Professor of Psychiatry, at the University of Virginia School of Medicine, in his article "Psychological Aspects of the Intensive Care Unit", stated:

> It is paradoxical that intensive care units which are built to save lives are psychologically frightening to patients ....
>
> Patients in the Intensive Care Unit, because of the overhead lights which are never turned off, or who are kept awake due to the discomfort, sleep little. They are frequently immobolized by catheters, tubing, monitors, and, at times, pain. They may lie for days upon their back, staring at the ceiling, unable to sleep, and listening to the droning of the respirators and other mechanical devices. They see few familiar faces and are aware that there is sickness and death about them. Thus the Intensive Care Unit patient experiences a form of sensory and/or sleep deprivation which with his heightened anxiety and altered physiologic state may lead to delirium.[18]

Certain changes should be made in the Intensive Care Unit in order to prevent sensory and sleep deprivation. The patient and his

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[18]Harry S. Abram, "Psychological Aspects of the Intensive Care Unit," Hospital Medicine, December, 1969, p. 95.

family should be oriented to the unit before he is admitted. Each patient should have his own separate cubicle closed off from other patients. The equipment should be explained to the patient and his family. Equipment, such as the monitor, should be out of the patients sight. Windows that are low enough for the patient to see out of and clocks and calendars visible to the patient will help keep him oriented. The patient should have frequent human contact with those he knows, especially his physician, nurse, and family.[19]

Doctor H. G. Schroeder, Consultant Anesthetist, United Sheffield Hospital, Lecturer in Intensive Care, University of Sheffield, in his article "Psycho-reactive Problems of Intensive Therapy", reported a study that was conducted in the Intensive Therapy Unit at the United Sheffield Hospital. All the patients admitted to the Intensive Therapy Unit over a period of one year were interviewed and observations regarding psycho-emotional disturbances were made. A total of 332 patients were admitted to the Unit, 263 of these patients were discharged alive from the Unit and interviewed. Fifty-eight percent of the patients accepted the stress of Intensive Therapy without any noticeable effect or experience and were quite happy to talk about their admission to the Intensive Therapy Unit. A great deal of information was obtained from these patients regarding improvements

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[19]*Ibid.*, p. 95.

that could be made in Intensive Therapy to reduce the psycho-emotional effects often caused by the Unit. Twenty-seven percent of the patients were unable to remember being in the Unit, thus successfully evading the stress of the Intensive Therapy Unit. Ten percent of the patients stated they had dreams during their admission and following discharge.[20]

In his article, Doctor Schroeder stressed the importance of treating the admitting condition of the patient, treating the patient as a person, and the treatment of the relatives is part of the patient's treatment. He emphasized the importance of explaining procedures and equipment to the patient. He agreed with Doctor Abram that clocks and calendars help orient the patient to his environment.[21]

Doctor D. E. M. Taylor, Department of Physiology and Thoracic Surgery, University of Edinburg, Scotland, in his article "Problems of Patients in an Intensive Care Unit", stated:

> The basic needs of an ill and often anxious individual are the same whatever the degree of illness or the type of treatment required; but as a general rule the more ill the patient the more they will be dependent on the hospital staff to satisfy these needs. Therefore, it is in the Intensive Therapy Units that it is most important to consider what are the basic needs of a patient, other than specific therapy which must be satisfied in order that they may return as quickly as possible to full physical and mental health.

The basic needs of the patient are:

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[20]H. G. Schroeder, "Psycho-emotional Problems of Intensive Therapy," Anaesthesia, January, 1970, p. 29-35.

[21]*Ibid.*, p. 31-35.

(a) Physical comfort and maintenance. This is simple basic nursing. The patient requires food and drink, care of skin, mouth, eyes and hair, attention to urinary and fecal excretion, and regular change of position ....

(b) Mental comfort. One of the fundamental tenets of medicine and nursing is to comfort. All patients need not only bodily comfort but also mental, and in many cases spiritual comfort. Kindness and sympathy must be part of nursing care, particularly in the seriously ill ....

(c) Continuity of environment. How much more distressing for patients to awake after an operation or unconsciousness in an entirely unknown environment. Continuity of environment can be provided by persons and by inanimate objects, but with both, the better they are known to the patient the more readily will they provide a link with normality.[22]

Helen Hammes, Professor of Medical-Surgical Nursing at Humboldt State College, Arcata, California, works in the Intensive Care Unit during the summer months. In her article "Reflections on Intensive Care", she stated:

> Everyone is focused on solving these patients' crucial physical problems. The care was expert, the concern real; but in the Intensive Care Unit, is that enough ....
>
> Dealing with patients' emotional problems in the Intensive Care Unit is not a luxurious addition to the assignment it is an essential part of good physical care ....
>
> Unfortunately, during times of critical physical problems, a patient's emotional reactions are likely to be acute and overwhelming, and much of his fear is justified for he is seriously ill.

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[22]D. E. M. Taylor, "Problems of Patients in an Intensive Care Unit," International Journal Nursing Studies, Vol. 8, 1971, p. 48-49.

In concluding her article Mrs. Hammes emphasized that the emotional needs of the patient should be taken care of with the same consistency, dedication, and skill used in meeting the physical needs.[23]

In the Centerscope, Carolyn Peterson, Intensive Care Unit Instructor, of the Washington Hospital Center, stated:

> A special orientation program will be given for registered nurses who will be working in the Intensive Care Unit for the first time. Communication techniques, interpersonal relations, methods of dealing with the patient and family in a crisis, will be some of the areas relating to emotional support covered in the orientation ....
>
> Nurses who are familiar with the psychological problems unique to Intensive Care patients, can often be instrumental in their adjustment simply by being a sounding board for them ....
>
> Because of careful attention to the patient as a total human being, intensive physical care will be combined with emotional support which is also intensive.[24]

All of these articles emphasized the trend in Intensive Care to evaluate both physical and emotional needs of the patient, and also the effect of the environment of the Unit on the patient. Nurses need to become more aware of the emotional needs of the patient in the Unit. The patient needs to be prepared for his stay in the Intensive Care Unit. He should also have close contact with the nurse, his physician, and his family.

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[23]Helen Hammes, "Reflections on Intensive Care," American Journal of Nursing, February, 1968, p. 339-340.

[24]Centerscope, *op. cit.*, p. 3.

In several of the articles orientation to the environment of the Unit was stressed, and also the need for clocks, calendars and windows so the patient could be orientated to time, date and place.

Several articles were reviewed that dealt with specific surgeries and the emotional needs of the patient because of the particular type of surgery and his emotional needs because of the environment of the Unit.

Doctor Herbert Lazarus, Assistant Professor of Psychiatry, Marquette University, and his associates did a study on patients undergoing open heart surgery. A few days before the surgery the patient had a one hour interview with the psychiatrist. The interview was designed to evaluate the patient's anxiety and to be therapeutic in alleviating the anxiety of the patient. The interview covered a review of the patient's illness, how he saw his illness, the planned surgery, how the patient handled anxiety, and how the patient thought his life would be after surgery. Twenty-one patients were interviewed in one hospital. In another hospital, thirty-three patients were used as a control group. All patients involved had the same surgeons and the same type of Intensive Care Unit set up. After the patient had his interview, for those twenty-one that were interviewed, the psychiatrist made specific recommendations for the care of each patient postoperatively. In every case of the twenty-one patients, the psychiatrist stressed the importance of the nurse-patient

relationship and the orientation of the patient to the environment of the Intensive Care Unit. Postoperatively all of the patients were evaluated for any unusual psychological reaction following surgery. This was done largely on the basis of whether there were any obvious behavioral abnormalities recorded in the doctors' or the nurses' notes. The results of the study indicated only three of the twenty-one patients, or fourteen percent of the group interviewed had any psychotic reaction following surgery. In the control group, eleven of the thirty-three patients, or thirty-three percent, developed a psychotic reaction following the surgery.

Several recommendations came out of this study. The pre-surgery interview with the psychiatrist helped the patient discuss his anxiety and deal with it. Whenever feasible the psychiatrist should visit the patient a few days before surgery and make recommendations to the Intensive Care staff regarding the particular needs of the patient. The patient should be oriented to environment, time and place. Nursing care should allow for sleep and rest. There should be a good relationship between the nurse and the patient and his family.[25]

Doctors Layne and Yudofsky, who are associated with Baylor College of Medicine, did a study on sixty-one patients undergoing open heart

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[25]Herbert Lazarus and Jerome Hayins, "Prevention of Psychosis Following Open Heart Surgery," American Journal of Psychiatry, March 9th, 1968, pp. 79-81.

surgery. The purpose of the study was to examine, under controlled conditions, the roles of organic and nonorganic stresses in the development of postoperative psychosis. All patients were given a neurological examination the night before surgery. Two out of three of the patients were also extensively interviewed and encouraged to discuss any problem or apprehensions about their upcoming surgery. These patients were termed the cardiac experimental group and the patients who did not receive the extensive interview were labeled the cardiac control group. Postoperatively all patients were given a neurological examination, and on the eighth to tenth day all patients who had been previously interviewed were again interviewed. The results of the study provided evidence that preoperative psychiatric interviews and personal attention reduce the frequency of psychosis after cardiac surgery by approximately fifty percent.[26]

Although these last two articles dealt with a specific type of surgery, they concur with the findings of the other articles that greater emphasis must be placed on the needs of the individual patient, both physical and emotional, and that the patient must be oriented to the environment of the Intensive Care Unit.

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[26]Otis Layne and Stuart Yudofsky, "Postoperative Psychosis in Cardiotomy Patients," The New England Journal of Medicine, March 11th, 1971, pp. 518-520.

CHAPTER III

METHODOLOGY

This was a descriptive study of patients who had been discharged from the Intensive Care Unit. The purpose of the study was to determine if the patient felt his physical and emotional needs were met and who met them. The patient's perception of the environment in the Unit was also included in the study.

The Sample

All patients admitted to the Intensive Care Unit of a large 280 bed modern hospital in Montana, from January 19th, 1972 to February 28th, 1972 were considered for possible inclusion in the study. Thirty-one patients out of a total of sixty-one patients admitted to the Unit during this period of time were selected for interview. The remaining thirty were not interviewed because of the following factors: Psychiatric patients were not included in the study as they were admitted to the Unit because they had attempted suicide. Children or adults who could not communicate, or who could not remember being in the Unit, were also excluded from the study. During the period of the study there was a shortage of beds in the hospital so there were overflow patients in the Unit, they were not included in the study as they were not admitted to the Unit for Intensive Care purposes. Some

patients were discharged directly from the Unit to home or another facility such as the County Hospital or the Veterans Hospital. Several patients were discharged from the hospital before consent of the physician could be obtained for the patient to be interviewed.

All of the patients interviewed were very cooperative and appeared interested in taking part in the study. Only one patient refused to take part. This was a sixty-one year old female who was to undergo extensive surgery, she stated she was too upset about her upcoming surgery to answer any questions.

Every two days for the duration of the study, the census of the Unit was checked to see who had been discharged from the Unit. Upon discharge from the Unit, the patient's physician was telephoned to see if he would consent to the patient taking part in the study. This did not prove satisfactory as the physician was usually not in his office or did not get the message. After the first week of the study, the physicians were consulted either personally while they made rounds in the hospital, or through a note left on the patient's chart explaining the purpose of the study. The physician was asked to sign the note if he would consent to the patient's taking part in the study. This method of obtaining physician consent proved most effective. After physician consent had been obtained, the patient was approached. All of the physicians were most cooperative and appeared interested in the study. In one case the physician refused permission for his

patient to take part in the study because of the patient's many emotional problems. This same physician did allow other patients who had been in the Intensive Care Unit to participate in the investigation.

The investigator presented herself as a graduate student in nursing doing a study of patients who had been discharged from the Intensive Care Unit. The purpose of the study was explained and it was stressed that all names were confidential and that the information gained might better help the staff deal more effectively with the patients in the Intensive Care Unit.

With only four exceptions, all patients were interviewed privately in their hospital rooms. The husband of one patient and the wives of three patients came in during the interview and were invited to remain until the questions had been answered. The interview guide consisted of twenty-two questions, some requiring a yes or no answer and some being open ended. The patients were free to add anything that they felt was pertinent on the questions that required either a yes or no answer. The questions were read to the patient and the answers were recorded by the investigator in the presence of the patient. None of the patients' appeared to mind this manner of being questioned and the answers recorded in their presence.

Several factors, including the patient's condition, the length of time required to obtain the physician's consent, and the availability of the interviewer, accounted for the varying intervals of time that

elapsed between each patient discharge from the Unit and the interview.

The Interview Guide

The interview guide was constructed by the investigator with the intent of determining whether the patient felt his physical and emotional needs were met and by whom, and how he perceived the environment of the Unit. Thirteen additional questions were used to collect identifying information about the patient from the chart. A copy of the interview guide can be found in Appendix A.

This chapter included a brief statement of the purpose of the study, the sample interviewed, the condition under which the interview took place, and the intent of the interview guide used in the investigation.

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

Description of the Sample

The sample consisted of twenty-two males and nine females for a total of thirty-one patients. Their ages ranged from 80 to 16 with a mean of 54.3 years. Two females were in the sixteen to twenty year range, two females and one male were in the twenty to thirty year age range, one female was in the thirty to forty year range, one female and two males were in the forty to fifty year age range, one female and seven males were in the fifty to sixty year age range, one female and eight males were in the sixty to seventy year age range, and one female and four males were in the seventy to eighty year age range. The mean age for females was 32.5 years and the mean age for males was 60.0 years.

Eight of the male patients were retired when they were hospitalized. One male was a mine operator, one a lumber loader, one a grain buyer, four were farmers, one was a salesman, one a county judge, one an oil rig driller, one an inspector for U. S. Gypson Company, one a maintenance man, one a heavy equipment operator, and the remaining male was a salesman. Six of the females were homemakers, two were students and the remaining female was a motel operator.

Six of the patients were hospitalized for medical reasons and twenty-five of the patients had surgery. There appeared to be no pattern in the various medical or surgical problems except six of the male patients had surgeries that relate to the male only.

Seven patients had metastatic carcinoma, thus a poor prognosis. Of these seven patients only one knew that he had cancer and that his prognosis was poor. The other six patients expressed some concern that they were not improving or did not seem to be getting their strength back and wondered if they were really going to recover from their illness. Eight patients had a guarded prognosis; this means their conditions were unstable and the prognoses were dependent upon the way in which their bodies responded to the treatment they were receiving. The remaining sixteen patients had good prognoses and were assured, as much as one can be, of good recoveries.

Twenty-five of the patients were married, one was divorced, one was widowed and three were single.

Twenty-eight of the patients were admitted to the Unit from within the hospital, three were admitted from three different community hospitals.

The number of days spent in the Unit ranged from one to fifteen days with a mean of 4.5 days. The patients were interviewed from one to six days after discharge from the Unit with a mean of 2.5 days.

For twenty-eight patients, this was the first time they had ever been in the Intensive Care Unit. Two patients stated they were in an Intensive Care Unit about ten years ago while patients in an Eastern hospital. From their description of the Unit they were in, it would seem that this was not a true Intensive Care Unit; but more of a recovery room for open heart surgery patients. The other patient who stated she was in a Unit before, had been admitted to the Unit where this investigation took place, discharged then readmitted two days later.

Responses to the Interview Guide

Question 1: Did you know that you were going into the Unit?

Yes _____ No _____

TABLE I. KNOWLEDGE OF ADMISSION TO THE UNIT

No. of Patients	Response
18	Yes
13	No
Total 31	

Eighteen of the thirty-one patients stated they were told they would be going to the Intensive Care Unit either by their physician or the anesthesiologist the night before surgery. The remaining thirteen patients were not told that they would be going to the Unit. They assumed it was part of the care for their specific condition.

Question 2: Did you realize that you were in the Intensive Care Unit? Yes _____ No _____

TABLE II. AWARENESS OF BEING IN THE UNIT

No. of Patients	Response
18	Yes
2	No
11	After 12 hours to 2 days
—	
Total 31	

A little over half of the patients realized they were in the Unit. One patient stated she assumed she was in the Unit because of her surroundings, the other patients, equipment, and the openess of the room. Seventeen patients said they realized they were in the Unit almost immediately upon admission, eleven patients stated they did not realize they were in the Unit until twelve hours to two days after admission to the Unit, two patients stated they did not realize they were in the Unit until they were discharged.

Question 3. Do you feel that you got exactly what you needed from the Unit? Yes _____ No _____

TABLE III. EVALUATION OF CARE RECEIVED IN THE UNIT

No. of Patients	Response
23	Yes
1	No
7	Qualified Yes
Total 31	

Thirty patients answered yes to this question, seven patients qualifed their yes with such statements as: absolutely, felt physical needs were met, good care, very much so, better care on P. M. shift, did all they could for me, and most certainly. One of the patients stated he did not receive good care while in the Unit as the nurses "sassed" him.

With the exception of one patient, all patients felt they received good nursing care while in the Unit.

Question 4: What things did you particularly like about the Unit, television, telephone, care, etc.?

TABLE IV. LIKEABLE FEATURES OF THE UNIT

No. of Patients	Response
30	Presence of the nurse
1	Nothing
Total 31	

All patients with the exception of one, who felt the nurses "sassed" him, seemed to feel more secure due to the constant presence of the nurse.

Question 5: What did you not like about the Unit?

TABLE V. DISLIKES ABOUT THE UNIT

No. of Patients	Response
12	No dislikes
7	Noise in the Unit
4	Visitor restrictions, no telephone or T.V.
1	Did not want to be there
2	Disliked one specific nurse
1	Left on bedpan too long
3	Closeness to other patients
1	Lack of sleep
Total 31	

Twenty out of the thirty-one patients did have specific dislikes about the Unit. Their dislikes ranged from noise in the Unit, visitor restriction, no television or telephone, did not want to be there, disliked one specific nurse, left on bedpan too long, too close to the other patients, and one patient felt he did not get enough sleep because of the many activities of the Unit. Twelve patients could not remember anything that they disliked about the Unit at the time of interview.

Question 6: Do you feel that you had enough privacy in the Unit?
Yes _____ No _____

TABLE VI. PRIVACY IN THE UNIT

No. of Patients	Response
19	Yes
5	Most of the time
7	No
Total 31	

Nineteen patients felt they had enough privacy while in the Unit. Five patients felt they had enough privacy most of the time, depending on the nurse and if she remembered to draw the curtains when giving them care. Seven patients felt they did not have enough privacy. Their chief complaint was that the other patients were too close to them. The patients response to this question depended on the census of the Unit. The more patients in the Unit, the more the patients seemed to feel their privacy was being invaded.

Question 7: Were the other patients in the Unit too close to you?
Yes _____ No _____

TABLE VII. PATIENTS' CLOSENESS IN THE UNIT

No. of Patients	Response
6	Yes
20	No
5	If there had been more patients
Total 31	

Six patients definitely felt the other patients in the Unit were too close to them, five patients stated that if the Unit had been busier the patients would have been too close to them. Twenty patients did not feel the other patients were too close to them. Again like question six, the response to this question seemed to depend on how busy the Unit was when the patients were there.

Question 8: How did you feel about the visiting privileges in the Unit?

TABLE VIII. FEELINGS ABOUT VISITING PRIVILEGES

No. of Patients	Response
21	Accepted restrictions
3	An exception to the rules were made in their cases
7	Did not like the visiting regulations
Total 31	

Twenty-one patients felt the visiting restrictions were necessary because of all of the patients in the Unit. Three patients stated that the Unit was not very busy and that their families were allowed to stay extra time with them, which they were most grateful for. Seven patients felt that the visiting privileges should be individualized for each patient. These seven all had relatives that came from out of state to be with them.

Question 9: Were the nurses always there when you needed them?

TABLE IX. PRESENCE OF NURSE WHEN PATIENTS NEEDED THEM

No. of Patients	Response
24	Yes
1	No
6	Most of the time
Total 31	

Twenty-four patients answered a definite "yes" to this question. One patient answered "pretty much so", one patient answered "sometimes", one patient answered "no", and four answered "yes", but qualified their yes with such statements as "most of the time" or "one shift was better than the other".

The majority of the patients stated that the constant attention of the nurses is what they liked most about the Unit and missed most when they were transferred to general floor care.

Question 10: Were you able to keep track of the time?
Yes _____ No _____

TABLE X. KNOWLEDGE OF TIME WHILE IN THE UNIT

No. of Patients	Response
16	Yes
15	No
Total 31	

Sixteen patients stated they were able to keep track of the time because they could see the clock in the Unit, had a watch or asked the nurse. Fifteen patients said no, because there was no clock in the Unit and they did not want to bother the nurse by asking her.

Question 11: Were you able to keep track of the date?
Yes _____ No _____

TABLE XI. KNOWLEDGE OF DATE WHILE IN THE UNIT

No. of Patients	Response
8	Yes
23	No
Total 31	

Twenty-three patients said they were not able to keep track of the date because there was no calendar in the Unit. Eight patients said they were able to keep track of the date because they received the newspaper.

Question 12: Was there too much noise in the Unit?
Yes _____ No _____

TABLE XII. NOISE IN THE UNIT

No. of Patients	Response
12	No
13	Other patients
2	Staff
4	Pneumatic tube system
Total 31	

Twelve patients answered no to this question. Nineteen patients stated there was too much noise in the Unit, thirteen of these patients felt the noise was caused by other patients in the Unit, two felt the staff caused the noise and four complained of the noise caused by the pneumatic tube system.

Question 13: Were you kept informed of your illness and progress?
Yes _____ No _____

TABLE XIII. KEPT INFORMED ABOUT ILLNESS AND PROGRESS

No. of Patients	Response
23	Yes
6	Had to ask
2	Somewhat
Total 31	

Twenty-three patients stated they were kept informed of their progress, at least to the extent they were told they were doing all right. Six patients stated they were not informed unless they asked, and two said they were kept somewhat informed.

Most of the patients felt that it wasn't until they were discharged from the Unit that their physician really explained anything about their surgery or medical condition. Many of the patients stated they wanted to know while in the Unit the results of biopsies and surgeries; but their physician said they would talk about this later.

A few of the patients mentioned that the medical profession and the Unit staff thought the patients wouldn't remember much of what they were told the first few days after surgery because of the effects of medication and the patient's condition.

Question 14: Who informed you of your progress in the Unit?

TABLE XIV. PERSON WHO INFORMED PATIENT ABOUT PROGRESS IN THE UNIT

No. of Patients	Response
9	Doctor and nurse
14	Doctor
6	No one
2	Nurse
Total 31	

Nine patients stated that both the doctor and the nurse kept them informed about their progress, fourteen stated only the doctor informed them about their progress, six stated no one told them anything about their progress, and two said the nurse kept them informed of their progress. There did not seem to be any consistency in who informed the patient of what.

Question 15: Did you have any worries while in the Unit?
Yes _____ No _____

TABLE XV. WORRIES WHILE IN THE UNIT

No. of Patients	Response
5	Fear of cancer
8	Worried about family
4	Fear of death
3	Some worries
8	No worries
1	Physician had prepared him
1	Student nurse had prepared him
1	No, too ill
Total 31	

Twenty patients stated they had worries while in the Unit, five were worried about having cancer, eight had family worries, four were worried they might die, eight patients stated they had no worries while in the Unit, one patient stated he wasn't worried because his physician had explained everything to him, another patient said he was not worried because a student nurse had explained everything to him, and one patient said he was too ill to have any worries.

Question 16: Were you able to talk over these worries with anyone and who was that person?

TABLE XVI. PERSON WITH WHOM PATIENTS WERE ABLE TO DISCUSS WORRIES

No. of Patients	Response
5	Talked to doctor
7	Talked to family and chaplain
1	Night nurse
1	Student nurse
1	Clinical nurse specialist
8	Talked to no one
8	No worries
Total 31	

Eight patients stated they had no worries, seven patients talked to their families and/or the chaplain, one patient talked to the night nurse, one patient talked to a student nurse the night before surgery, one patient talked to the clinical nurse specialist (this patient's physician had called the clinical nurse specialist in to talk with the patient). Eight patients talked to no one, and eight patients had no worries. Out of the twenty-three patients who stated they had worries, only four of the patients discussed these worries with the nurses. Most of the patients felt that the nurses were too busy to discuss their problems with them.

Question 17: How did you feel about your transfer out of the Unit?

TABLE XVII. FEELINGS ABOUT TRANSFER OUT OF THE UNIT

No. of Patients	Response
23	Indication of progress
5	Requested transfer
3	Did not feel ready for transfer
Total 31	

The majority of the patients felt that the care they had received while they were in the Unit was beneficial to them and that their transfer out of the Unit was an indication to them that they were progressing. Five patients asked to be transferred out of the Unit, because they felt they were in the Unit longer than necessary. Three patients did not want to leave the Unit because they felt they would miss the close attention of the nurses.

Question 18: Did you feel that you were ready to be transferred out of the Unit?

TABLE XVIII. READINESS FOR TRANSFER FROM THE UNIT

No. of Patients	Response
28	Definitely ready
2	Did not know
1	Was not ready
Total 31	

The majority of patients were ready to leave the Unit when they were discharged. One patient felt his condition was such that he was not ready for discharge. Two patients did not know if they were ready to leave the Unit or not, they felt they would miss the close attention of the nurses.

Question 19: Do you think anything should be done differently in the Unit?

TABLE XIX. IMPROVEMENTS IN THE UNIT

No. of Patients	Response
16	Could think of no improvements
1	Fix heaters
4	Adjust visiting regulations
3	More staff
2	Decrease noise and make more cheerful
4	More patient privacy
1	Nurses more considerate
Total 31	

Fifteen of the thirty-one patients did have some suggestions for improvements in the Unit. One patient wanted the heaters fixed, four patients felt the visiting regulations should be adjusted to each patient, three patients felt they needed more staff in the Unit, two patients wanted the Unit less noisy and more cheerful, four patients wanted more privacy in the Unit, and one patient wanted the nurses to be more considerate of the patients.

Question 20: Were you frightened because you were in the Unit?
Yes _____ No _____

TABLE XX. FEAR BECAUSE OF BEING IN THE UNIT

No. of Patients	Response
10	Yes
21	No
Total 31	

Of the thirty-one patients, ten stated they were frightened at being in the Unit, six patients were male and four patients were female. Out of the ten patients who expressed fear at being in the Unit, only three were patients who did not know before surgery that they were going to the Unit.

Question 21: How were you transferred out of the Unit?

TABLE XXI. MODE OF TRANSPORTATION OUT OF THE UNIT

No. of Patients	Response
23	Wheelchair
1	Stretcher
6	Bed
1	Walked
Total 31	

Question 22: Do you feel the floor was prepared for you?

TABLE XXII. READINESS OF GENERAL FLOOR STAFF FOR THE PATIENT

No. of Patients	Response
28	Yes
3	No
Total 31	

Questions twenty-one and twenty-two were included at the request of the clinical specialist as she felt the patients were not adequately prepared for discharge from the Unit and the staff was not always prepared for them. All of the patients were told by their physician that they would be discharged from the Unit that same day or the next day. Most of the patients did feel that the floors were ready for them when they were transferred from the Unit.

The patients perceive the Unit, at least for the most part, as being noisy, cheerless, and affording very little privacy. Their physical care was good but they had other concerns that they were not able to discuss with the nurses in the Unit.

Using the information obtained from the interview guide, this investigator has set up some guidelines that may be used by the staff in the Unit to better help prepare the patient for his experience in the Unit, to help him adjust to his environment, and to prepare him for discharge. These guidelines will be found in Appendix C.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purpose of the study was to evaluate whether or not the Intensive Care patient felt his physical and emotional needs were met and by whom. The study also included the patient's perception of the environment of the Intensive Care Unit.

The sample consisted of thirty-one patients who were discharged from an Intensive Care Unit in a large modern hospital in Montana. The patients ranged in age from sixteen to eighty years. There were twenty-two males and nine females. Their stay in the Unit varied from one to fifteen days. The interview took place from one to six days after discharge from the Unit.

As a result of the answers to the interview guide, guidelines were developed that might better help the Intensive Care staff deal with the needs of the Intensive Care patient. These guidelines may be found in Appendix C.

Conclusions

1. Generalizations cannot be made from the findings of this investigation due to the sample size, the variety of reasons for admission to the Unit, and the admission policies of this particular Unit. It must be realized that all Intensive Care Units have

different criteria for admission and discharge from the Unit. A few of the patients in the sample of this investigation did not really seem to fit the criteria of the Intensive Care Unit patient. A few of the patients appeared to have been kept in the Unit for a longer period than would seem necessary. This appeared to be a concern of the staff of this particular Unit also.

2. The nurses in the Intensive Care Unit appear to meet the physical needs of the majority of the patients. The patients stated that the closeness of the nurse or the nurse being there all the time made them feel secure in their environment. When the patients were discharged from the Unit, they missed most the constant attention that they had had in the Unit. This could imply that the patient is not adequately prepared for the nursing care that he will receive when transferred to the general floor.

3. Patients seem to have worries and fears while in the Unit. In most of the cases the nurse did not seem able to discuss with the patients any of the fears or worries that they might be experiencing. Although the nurse might not be able to offer the patient any solution to their worries or fears, she might help the patient by being a sounding board for them. Sometimes talking about ones' worries makes them seem not so great.

4. The patients were not oriented to the environment. The nurse needs to remember that the environment of the Unit is very strange

and awesome to the patient. He needs to be told how he is doing, procedures that will be done and why. The use of the calendar and clock will help orient the patient to time and place.

5. Patients miss the contact with their families. Some attempt should be made to individualize the hospital policies regarding visiting regulations in the Intensive Care Unit to meet the needs of each patient. Some patients feel reassured at having a loved one sitting beside them or knowing that they are in an adjoining room.

6. All patients felt they were making progress when they left the Unit and, for the most part, were very glad to be leaving the Unit. Most of the patients felt that the care they received in the Unit contributed to their progress.

7. Patients, generally, perceived the Unit as being a cold and cheerless place. They dislike the noise, the invasion of their privacy and the many activities of the Unit. By better organization, better patient placement, and more explanation to the patient about what is going on, some of the effects of the environment on the patient might be eliminated.

Recommendations

1. This same study could be repeated in a different hospital, to compare the similarities and differences in patient needs and the patient's perception of his environment.

2. A study might be conducted in two different Units at the same time, using patients that have a specific type of surgery, for example all gastric resection patients, or all patients with a specific diagnosis such as cancer.

3. A study might be conducted in which the nurses in the Intensive Care Unit are interviewed and asked about their perceptions of patients' needs when they are in the Unit and how they usually attempt to meet these needs. Another area that might be investigated with the nurse is how she thinks the patient perceives the environment of the Unit.

4. This same study might be repeated interviewing the patients on the first day of discharge from the Unit. At this time the Unit would be fresher in their minds and they might remember more of the experience.

APPENDICES

APPENDIX A

INTERVIEW GUIDE

Identifying Information (taken from the chart)

1. Initials of patient _____
2. Sex _____
3. Age _____
4. Occupation _____
5. Number of days in the Unit _____
6. Number of days since transfer from the Unit _____
7. Problem _____
8. Prognosis _____
9. Does patient know his prognosis _____
10. Marital status _____
11. Admission from within the hospital _____
12. Admission from outside of the hospital _____
13. Has patient ever been in the Unit before _____

---

1. Did you know that you were going to the Unit? Yes _____ No _____
2. Did you realize that you were in the Intensive Care Unit?
   Yes _____ No _____
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes _____ No _____

4. What things did you particularly like about the Unit, telephone, television, care, etc.? _____

_____

5. What did you not like about the Unit? _____

_____

6. Do you feel that you had enough privacy in the Unit? _____

_____

7. Were the other patients in the Unit too close to you? _____

_____

8. How did you feel about the visiting privileges? _____

_____

9. Were the nurses always there when you needed them? _____

_____

10. Were you able to keep track of the time? Yes _____ No _____

11. Were you able to keep track of the date? Yes _____ No _____

12. Was there too much noise in the Unit? Yes _____ No _____

13. Were you kept informed of your illness and progress?
Yes _____ No _____

14. Who informed you of your progress in the Unit? _____

_____

15. Did you have any worries while in the Unit? _____

_____

16. Were you able to talk over these worries with anyone and who was that person? _____

17. How did you feel about your transfer out of the Unit? _____

_____

18. Did you feel that you were ready to be transferred out of the Unit? Yes _____ No _____

19. Do you think anything should be done differently in the Unit?

_____

20. Were you frightened because you were in the Unit? Yes _____ No _____

21. How were you transferred out of the Unit? _____

_____

22. Do you feel the floor you were transferred to was prepared for you? _____

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
1	M	54	M	Surgical	Mine Operator	Poor	Yes	No	7	6

Diagnosis: Cancer larynx - laryngectomy

1. Did you know that you were going to the Unit? Yes
2. Did you realize that you were in the Intensive Care Unit? No
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Nurses were always there
5. What did you not like about the Unit? Did not want to be there, was scared because he was there
6. Do you feel that you had enough privacy in the Unit? Yes
7. Were the other patients in the Unit too close to you? No
8. How did you feel about the visiting privileges? Family was allowed to stay longer, because there were only two patients in the Unit

9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? No

11. Were you able to keep track of the date? No, no calendar

12. Was there too much noise in the Unit? No

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Doctor and nurse

15. Did you have any worries while in the Unit? Yes, worried about wife and children and how they would manage

16. Were you able to talk over these worries with anyone and who was that person? Talked to chaplain, nurses were too busy

17. How did you feel about your transfer out of the Unit? Didn't make any difference

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Fix the heater, it is too cold

20. Were you frightened because you were in the Unit? Yes

21. How were you transferred out of the Unit? By wheelchair

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
2	M	69	W	Medical	Farmer-Retired	Good	Yes	No	5	1

Diagnosis: 2° to 3° burns over 10% of body - hypotherma

1. Did you know that you were going to the Unit? No
2. Did you realize that you were in the Intensive Care Unit? No, not for a day
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Nurses always jumping up every time you move
5. What did you not like about the Unit? Did not like one of the nurses, she was too rough in moving him
6. Do you feel that you had enough privacy in the Unit? Yes
7. Were the other patients in the Unit too close to you? No
8. How did you feel about the visiting privileges? They were o. k.
9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? Asked, could not see clock

11. Were you able to keep track of the date? No, no calendar

12. Was there too much noise in the Unit? Yes, one patient had television too loud

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Doctor and nurse

15. Did you have any worries while in the Unit? Dog, house was burned, money and house was destroyed

16. Were you able to talk over these worries with anyone and who was that person? No one, felt nurses were too busy

17. How did you feel about your transfer out of the Unit? Did not like to part with the nurses

18. Did you feel that you were ready to be transferred out of the Unit? No, still sore

19. Do you think anything should be done differently in the Unit? Nothing

20. Were you frightened because you were in the Unit? Yes

21. How were you transferred out of the Unit? Wheelchair

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
3	F	22	M	Medical	Homemaker	Guarded	No	No	2	5

Diagnosis: Pulmonary embolus

1. Did you know that you were going to the Unit? No
2. Did you realize that you were in the Intensive Care Unit? No
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Close contact with nurses
5. What did you not like about the Unit? Did not like the fact there was no telephone, television, or that her mother could not be with her
6. Do you feel that you had enough privacy in the Unit? Yes
7. Were the other patients in the Unit too close to you? No
8. How did you feel about the visiting privileges? Felt they should have allowed her mother to stay with her

9. Were the nurses always there when you needed them? Yes, most of the time

10. Were you able to keep track of the time? No, could not see clock

11. Were you able to keep track of the date? No, no calendar

12. Was there too much noise in the Unit? No

13. Were you kept informed of your illness and progress? No

14. Who informed you of your progress in the Unit? No, no one explained anything

15. Did you have any worries while in the Unit? Yes, thought she was going to die

16. Were you able to talk over these worries with anyone and who was that person? No one, nurses too busy

17. How did you feel about your transfer out of the Unit? Good, asked to leave, was too lonely

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Visiting regulations more liberal, television and telephone

20. Were you frightened because you were in the Unit? Yes

21. How were you transferred out of the Unit? Bed

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
4	M	41	S	Surgical	Lumber Loader	Guarded	Yes	No	7	1

Diagnosis: Ulcerative colitis - Total colectomy, Ileostomy

1. Did you know that you were going to the Unit? Yes
2. Did you realize that you were in the Intensive Care Unit? No, asked where he was
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Quick service of the nurses
5. What did you not like about the Unit? Nothing
6. Do you feel that you had enough privacy in the Unit? Yes
7. Were the other patients in the Unit too close to you? No
8. How did you feel about the visiting privileges? Felt they should allow visitors to stay longer
9. Were the nurses always there when you needed them? Yes, most of the time

10. Were you able to keep track of the time? No. could not see clock because of curtain

11. Were you able to keep track of the date? No

12. Was there too much noise in the Unit? Yes, one patient noisy

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Doctor and nurse

15. Did you have any worries while in the Unit? Yes, how he was going to be able to go back to work

16. Were you able to talk over these worries with anyone and who was that person? Talked with chaplain, nurses too busy

17. How did you feel about your transfer out of the Unit? Requested to be moved out

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Visiting privileges more liberal

20. Were you frightened because you were in the Unit? Yes

21. How were you transferred out of the Unit? Wheelchair

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowlege of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
5	M	54	M	Surgical	Grain Buyer	Good	Yes	No	15	2

Diagnosis: Reconstruction of Gastrojejunostomy - jejunal fistula closed

1. Did you know that you were going to the Unit? No
2. Did you realize that you were in the Intensive Care Unit? Yes
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes, absolutely
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Having nurses right there when you need them
5. What did you not like about the Unit? Nothing
6. Do you feel that you had enough privacy in the Unit? Yes
7. Were the other patients in the Unit too close to you? No
8. How did you feel about the visiting privileges? O. K.
9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? Yes

11. Were you able to keep track of the date? Yes, by the date on the paper

12. Was there too much noise in the Unit? No

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Doctor only

15. Did you have any worries while in the Unit? Yes, business and special diet

16. Were you able to talk over these worries with anyone and who was that person? Talked with doctor

17. How did you feel about your transfer out of the Unit? Asked to be moved out

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Could use more help

20. Were you frightened because you were in the Unit? No

21. How were you transferred out of the Unit? Wheelchair

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
6	F	55	M	Surgical	Homemaker	Poor	No	No	3	4

Diagnosis: Cancer of pancreas - Anastomosis of gall bladder to jejuneum

1. Did you know that you were going to the Unit? Yes

2. Did you realize that you were in the Intensive Care Unit? Assumed she was

3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes, felt physical needs were met. Should have more help in Unit

4. What things did you particularly like about the Unit, telephone, television, care, etc.? Closeness to the nurses

5. What did you not like about the Unit? Left on bed pan too long, could hear other patients

6. Do you feel that you had enough privacy in the Unit? Yes, most of the time, depending on the nurse

7. Were the other patients in the Unit too close to you? Yes

8. How did you feel about the visiting privileges? O. K.

9. Were the nurses always there when you needed them? Sometimes

10. Were you able to keep track of the time? No, no clock

11. Were you able to keep track of the date? No, no calendar

12. Was there too much noise in the Unit? Yes, patients were

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Doctor only

15. Did you have any worries while in the Unit? No

16. Were you able to talk over these worries with anyone and who was that person? No worries

17. How did you feel about your transfer out of the Unit? Good, wanted to leave

18. Did you feel that you were ready to be transferred out of the Unit? Didn't know

19. Do you think anything should be done differently in the Unit? More help

20. Were you frightened because you were in the Unit? No

21. How were you transferred out of the Unit? Wheelchair

22. Do you feel the floor you were transferred to was prepared for you? No

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
7	M	53	M	Surgical	Farmer	Good	Yes	No	3	1

Diagnosis: TURP - Non-malignant

1. Did you know that you were going to the Unit? Yes
2. Did you realize that you were in the Intensive Care Unit? Yes, after a few hours
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes, very good care
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Nurses always there
5. What did you not like about the Unit? Too many patients, the moaning of the patients
6. Do you feel that you had enough privacy in the Unit? Yes
7. Were the other patients in the Unit too close to you? Yes
8. How did you feel about the visiting privileges? O. K.
9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? Yes, could see the clock

11. Were you able to keep track of the date? No

12. Was there too much noise in the Unit? Yes, patients were

13. Were you kept informed of your illness and progress? No

14. Who informed you of your progress in the Unit? No, no one told him anything

15. Did you have any worries while in the Unit? Yes, worried about whether the surgery would show cancer

16. Were you able to talk over these worries with anyone and who was that person? No one

17. How did you feel about your transfer out of the Unit? Asked to be moved, did not feel surgery was that serious

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anyting should be done differently in the Unit? Decrease noise

20. Were you frightened because you were in the Unit? Yes

21. How were you transferred out of the Unit? Wheelchair

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
8	M	71	M	Surgical	Smelt Worker Retired	Good	Yes	Yes	4	1

Diagnosis: TURP - Non-malignant

1. Did you know that you were going to the Unit? Yes
2. Did you realize that you were in the Intensive Care Unit? Yes
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes, very much so
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Nurses always there
5. What did you not like about the Unit? No television or telephone
6. Do you feel that you had enough privacy in the Unit? Yes
7. Were the other patients in the Unit too close to you? No
8. How do you feel about the visiting privileges? O. K.
9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? Yes

11. Were you able to keep track of the date? Yes

12. Was there too much noise in the Unit? Yes, patients were

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Doctor only

15. Did you have any worries while in the Unit? No

16. Were you able to talk over these worries with anyone and who was that person? No worries

17. How did you feel about your transfer out of the Unit? Good, on the road to recovery

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Nothing

20. Were you frightened because you were in the Unit? No

21. How were you transferred out of the Unit? Wheelchair

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
9	M	77	M	Surgical	Farmer-Retired	Good	Yes	Yes	5	2

Diagnosis: Cholecystectomy

1. Did you know that you were going to the Unit? Yes
2. Did you realize that you were in the Intensive Care Unit? Yes
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Closeness of the nurses
5. What did you not like about the Unit? Close confinement, too many patients
6. Do you feel that you had enough privacy in the Unit? Yes
7. Were the other patients in the Unit too close to you? No
8. How did you feel about the visiting privileges? O. K.
9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? No, did not want to bother nurses

11. Were you able to keep track of the date? No, no calendar

12. Was there too much noise in the Unit? No

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Doctor and nurse

15. Did you have any worries while in the Unit? No

16. Were you able to talk over these worries with anyone and who was that person? No worries

17. How did you feel about your transfer out of the Unit? More than ready to leave

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Nothing

20. Were you frightened because you were in the Unit? No

21. How were you transferred out of the Unit? Wheelchair

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
10	F	20	S	Surgical	Student	Guarded	Yes	No	5	2

Diagnosis: Resection of distal esophagus with enterposition of segment of colon between esophagus and stomach

1. Did you know that you were going to the Unit? Yes
2. Did you realize that you were in the Intensive Care Unit? Yes
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Nurses right there
5. What did you not like about the Unit? Did not get any sleep because of the many activities in the Unit
6. Do you feel that you had enough privacy in the Unit? Yes
7. Were the other patients in the Unit too close to you? No
8. How did you feel about the visiting privileges? Felt visitors should be able to stay longer

9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? No, could not see the clock

11. Were you able to keep track of the date? No, no calendar

12. Was there too much noise in the Unit? Yes, in a.m. because of all the activities

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Doctor only

15. Did you have any worries while in the Unit? Was frightened

16. Were you able to talk over these worries with anyone and who was that person? Night nurses

17. How did you feel about your transfer out of the Unit? Ready to leave

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Visitor regulations more liberal

20. Were you frightened because you were in the Unit? Yes

21. How were you transferred out of the Unit? Wheelchair

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
11	M	48	M	Surgical	Salesman	Good	Yes	No	3	1

Diagnosis: Vagotomy

1. Did you know that you were going to the Unit? No
2. Did you realize that you were in the Intensive Care Unit? No, not until night
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Constant watching by the nurses
5. What did you not like about the Unit? One nurse could not suction him, was mad at him
6. Do you feel that you had enough privacy in the Unit? Yes, only 4 patients in the Unit
7. Were the other patients in the Unit too close to you? No
8. How did you feel about the visiting privileges? O. K.
9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? No, no clock

11. Were you able to keep track of the date? No, no calendar

12. Was there too much noise in the Unit? No

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Doctor and head nurse

15. Did you have any worries while in the Unit? Was scared

16. Were you able to talk over these worries with anyone and who was that person? No one

17. How did you feel about your transfer out of the Unit? Ready to leave

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Nothing

20. Were you frightened because you were in the Unit? No

21. How were you transferred out of the Unit? Wheelchair

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
12	M	65	M	Surgery	Farmer	Good	Yes	No	4	1

Diagnosis: Retropubic prostatectomy - non-malignant

1. Did you know that you were going to the Unit? Yes
2. Did you realize that you were in the Intensive Care Unit? Yes
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Nurses right there
5. What did you not like about the Unit? Too cold
6. Do you feel that you had enough privacy in the Unit? Yes
7. Were the other patients in the Unit too close to you? No, Unit was not busy
8. How did you feel about the visiting privileges? O. K.
9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? Yes, could see the clock

11. Were you able to keep track of the date? No, no calendar

12. Was there too much noise in the Unit? No

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Doctor only

15. Did you have any worries while in the Unit? No

16. Were you able to talk over these worries with anyone and who was that person? No worries

17. How did you feel about your transfer out of the Unit? Ready, felt in the Unit too long

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Nothing

20. Were you frightened because you were in the Unit? No

21. How were you transferred out of the Unit? Wheelchair

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
13	M	63	M	Surgical	Rancher	Good	Yes	No	5	2

Diagnosis: Resection of Aneurysm

1. Did you know that you were going to the Unit? Yes
2. Did you realize that you were in the Intensive Care Unit? Yes
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Someone was right there at all times
5. What did you not like about the Unit? Too noisy, message tubes and staff
6. Do you feel that you had enough privacy in the Unit? Yes
7. Were the other patients in the Unit too close to you? Not really
8. How did you feel about the visiting privileges? More freedom on visiting
9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? Yes, could see clock part of the time

11. Were you able to keep track of the date? No, no calendar

12. Was there too much noise in the Unit? Yes, staff and message tubes

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Doctor only

15. Did you have any worries while in the Unit? No

16. Were you able to talk over these worries with anyone and who was that person?

No worries

17. How did you feel about your transfer out of the Unit? Good, ready to leave

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Nothing

20. Were you frightened because you were in the Unit? No

21. How were you transferred out of the Unit? Wheelchair

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
14	F	33	M	Medical	Homemaker	Good	Yes	No	8	5

Diagnosis: Pyogenic meningitis

1. Did you know that you were going to the Unit? No
2. Did you realize that you were in the Intensive Care Unit? No, not until a few days
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Always someone right there
5. What did you not like about the Unit? Everything was fine
6. Do you feel that you had enough privacy in the Unit? Yes
7. Were the patients in the Unit too close to you? No
8. How did you feel about the visiting privileges? O. K.
9. Were the nures always there when you needed them? Yes

10. Were you able to keep track of the time? Yes, could see the clock

11. Were you able to keep track of the date? Yes, by date on the paper

12. Was there too much noise in the Unit? No

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Doctor and nurse

15. Did you have any worries while in the Unit? Frightened, husband was ill also, but knew children were taken care of

16. Were you able to talk over these worries with anyone and who was that person? Talked with family

17. How did you feel about your transfer out of the Unit? Good, road to recovery

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Nothing

20. Were you frightened because you were in the Unit? No

21. How were you transferred out of the Unit? Bed

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
15	F	68	W	Surgical	Homemaker	Poor	No	No	3	2

Diagnosis: Expl. Lap. Cancer of liver - Biopsy of liver at lymph nodes

1. Did you know that you were going to the Unit? Yes
2. Did you realize that you were in the Intensive Care Unit? No, not until second day
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Closeness of the nurses
5. What did you not like about the Unit? Everything was fine
6. Do you feel that you had enough privacy in the Unit? No
7. Were the other patients in the Unit too close to you? No
8. How did you feel about the visiting privileges? O. K.
9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? No, no clock

11. Were you able to keep track of the date? No

12. Was there too much noise in the Unit? Yes, patients

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Doctor only

15. Did you have any worries while in the Unit? Yes, worried about outcome; did he have cancer?

16. Were you able to talk over these worries with anyone and who was that person? Talked with family

17. How did you feel about your transfer out of the Unit? Good, road to recovery

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Nothing

20. Were you frightened because you were in the Unit? No

21. How were you transferred out of the Unit? Wheelchair

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
16	M	67	M	Surgical	Farmer	Good	Yes	No	2	4

Diagnosis: Suprapubic Prostatectomy - Non-malignant

1. Did you know that you were going to the Unit? No
2. Did you realize that you were in the Intensive Care Unit? Yes
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? The nurses were always right there
5. What did you not like about the Unit? Everything was o. k.
6. Do you feel that you had enough privacy in the Unit? Yes
7. Were the other patients in the Unit too close to you? No
8. How did you feel about the visiting privileges? O. K.
9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? Yes, could see the clock

11. Were you able to keep track of the date? No

12. Was there too much noise in the Unit? Yes, patients

13. Were you kept informed of your illness and progress? No, had to ask

14. Who informed you of your progress in the Unit? Doctor, had to ask

15. Did you have any worries while in the Unit? Worried that he might have cancer

16. Were you able to talk over these worries with anyone and who was that person?

Talked with R.N. student night before surgery

17. How did you feel about your transfer out of the Unit? Good

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Nothing

20. Were you frightened because you were in the Unit? No

21. How were you transferred out of the Unit? Wheelchair

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
17	M	68	M	Surgical	G.N.R.-Retired	Poor	No	No	11	1

Diagnosis: Colon resection - cancer

1. Did you know that you were going to the Unit? Yes
2. Did you realize that you were in the Intensive Care Unit? Yes, in the evening
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes, better care P. M. shift
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Felt nurses were right there; but P. M. shift was better
5. What did you not like about the Unit? Noise from message tubes
6. Do you feel that you had enough privacy in the Unit? Yes
7. Were the other patients in the Unit too close to you? No
8. How did you feel about the visiting privileges? O. K.
9. Were the nurses always there when you needed them? Pretty much so

10. Were you able to keep track of the time? Yes, had to ask

11. Were you able to keep track of the date? Yes, by date on paper

12. Was there too much noise in the Unit? Yes, other patients

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Doctor

15. Did you have any worries while in the Unit? Worried that he might have cancer

16. Were you able to talk over these worries with anyone and who was that person? No one

17. How did you feel about your transfer out of the Unit? Good, step forward

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Each patient in a separate room

20. Were you frightened because you were in the Unit? Yes

21. How were you transferred out of the Unit? Wheelchair

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
18	M	80	M	Surgical	Farmer-Ret.	Good	Yes	No	2	4

Diagnosis: Old M. I. - Hernia repair

1. Did you know that you were going to the Unit? Yes
2. Did you realize that you were in the Intensive Care Unit? Yes
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Closeness of the nurses
5. What did you not like about the Unit? Did not like visitor restrictions
6. Do you feel that you had enough privacy in the Unit? No
7. Were the other patients in the Unit too close to you? Yes
8. How did you feel about the visiting privileges? Did not like the visiting regulations
9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? No, no clock

11. Were you able to keep track of the date? No

12. Was there too much noise in the Unit? Yes, other patients

13. Were you kept informed of your illness and progress? Somewhat

14. Who informed you of your progress in the Unit? No one would tell him anything. Was diabetic and had insulin reaction

15. Did you have any worries while in the Unit? Worried about insulin reaction

16. Were you able to talk over these worries with anyone and who was that person? No one

17. How did you feel about your transfer out of the Unit? Good, felt getting well

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? More room between patients

20. Were you frightened because you were in the Unit? No

21. How were you transferred out of the Unit? Wheelchair

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
19	M	73	M	Surgical	County Judge	Good	Yes	No	1	4

Diagnosis: Retropubic prostatectomy - Non-malignant

1. Did you know that you were going to the Unit? No
2. Did you realize that you were in the Intensive Care Unit? Yes
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? No
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Did not like the nursing care, felt it was very inadequate, apparently nurse did not realize patient had a colostomy so a rectal temperature was not possible, also stated nurses "sassed" him
5. What did you not like about the Unit? Nothing
6. Do you feel that you had enough privacy in the Unit? No
7. Were the other patients in the Unit too close to you? No
8. How did you feel about the visiting privileges? O. K.
9. Were the nurses always there when you needed them? No

10. Were you able to keep track of the time? No, no clock

11. Were you able to keep track of the date? No, no calendar

12. Was there too much noise in the Unit? Yes, message tubes

13. Were you kept informed of your illness and progress? No

14. Who informed you of your progress in the Unit? No one

15. Did you have any worries while in the Unit? Too mad at nurses

16. Were you able to talk over these worries with anyone and who was that person? Too mad at nurses

17. How did you feel about your transfer out of the Unit? Asked to leave

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Nurses more considerate of patients

20. Were you frightened because you were in the Unit? Too mad

21. How were you transferred out of the Unit? Wheelchair

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
20	F	74	W	Medical	Homemaker	Guarded	Yes	No	3	1

Diagnosis: Spinal cord vascular lesion

1. Did you know that you were going to the Unit? No
2. Did you realize that you were in the Intensive Care Unit? No
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Nurses were always there
5. What did you not like about the Unit? Do not know
6. Do you feel that you had enough privacy in the Unit? Yes
7. Were the other patients in the Unit too close to you? Yes
8. How did you feel about the visiting privileges? Did not like the restrictions
9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? No, no clock

11. Were you able to keep track of the date? No, no calendar

12. Was there too much noise in the Unit? No

13. Were you kept informed of your illness and progress? No, unless I asked

14. Who informed you of your progress in the Unit? No one

15. Did you have any worries while in the Unit? No

16. Were you able to talk over these worries with anyone and who was that person? No worries

17. How did you feel about your transfer out of the Unit? Did not make any difference

18. Did you feel that you were ready to be transferred out of the Unit? Didn't know

19. Do you think anything should be done differently in the Unit? Nothing

20. Were you frightened because you were in the Unit? No

21. How were you transferred out of the Unit? Bed

22. Do you feel the floor you were transferred to was prepared for you? No

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
21	M	70	M	Surgical	Civil Service Retired	Poor	No	No	1	3

Diagnosis: Radical nephrectomy, cancer, M. I., Atrial flutter, cardioversion

1. Did you know that you were going to the Unit? No

2. Did you realize that you were in the Intensive Care Unit? Yes

3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes, did all they could for me

4. What things did you particularly like about the Unit, telephone, television, care, etc.? Nurses were always there, but could have used more nurses

5. What did you not like about the Unit? Noise, could the place be a little more cheerful

6. Do you feel that you had enough privacy in the Unit? No

7. Were the other patients in the Unit too close to you? No

8. How did you feel about the visiting privileges? O. K.

9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? No, no clock

11. Were you able to keep track of the date? No, no calendar

12. Was there too much noise in the Unit? Yes, other patients and message tubes

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Doctor and nurses

15. Did you have any worries while in the Unit? No

16. Were you able to talk over these worries with anyone and who was that person? No worries

17. How did you feel about your transfer out of the Unit? Good, road to recovery

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Less noise, a little more cheerful

20. Were you frightened because you were in the Unit? No

21. How were you transferred out of the Unit? Wheelchair

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
22	M	69	M	Surgical	Janitor-Ret.	Poor	No	No	9	3

Diagnosis: Cancer of lung - Thoracotomy

1. Did you know that you were going to the Unit? No
2. Did you realize that you were in the Intensive Care Unit? Yes
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Nurses always there
5. What did you not like about the Unit? Too noisy, message tubes
6. Do you feel that you had enough privacy in the Unit? Yes
7. Were the other patients in the Unit too close to you? Yes
8. How did you feel about the visiting privileges? O. K.
9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? No, no clock

11. Were you able to keep track of the date? No, no calendar

12. Was there too much noise in the Unit? Yes

13. Were you kept informed of your illness and progress? Somewhat

14. Who informed you of your progress in the Unit? Doctor

15. Did you have any worries while in the Unit? Fear of cancer

16. Were you able to talk over these worries with anyone and who was that person? No one

17. How did you feel about your transfer out of the Unit? Good, ready to leave

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Need more help

20. Were you frightened because you were in the Unit? Yes

21. How were you transferred out of the Unit? Wheelchair

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
23	M	28	M	Surgical	Oil Driller	Good	Yes	No	1	3

Diagnosis: Open reduction of mandible

1. Did you know that you were going to the Unit? No
2. Did you realize that you were in the Intensive Care Unit? Yes
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Nurses were mostly always there
5. What did you not like about the Unit? Everything was o. k.
6. Do you feel that you had enough privacy in the Unit? Not much
7. Were the other patients in the Unit too close to you? No
8. How did you feel about the visiting privileges? O. K.
9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? Yes, asked nurses

11. Were you able to keep track of the date? No, no calendar

12. Was there too much noise in the Unit? No

13. Were you kept informed of your illness and progress? No

14. Who informed you of your progress in the Unit? No one told him anything

15. Did you have any worries while in the Unit? No

16. Were you able to talk over these worries with anyone and who was that person?

No worries

17. How did you feel about your transfer out of the Unit? Good

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Nothing

20. Were you frightened because you were in the Unit? No

21. How were you transferred out of the Unit? Wheelchair

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
24	F	48	M	Medical	Motel Operator	Guarded	No	No	3	2

Diagnosis: Pulmonary embolism

1. Did you know that you were going to the Unit? Yes
2. Did you realize that you were in the Intensive Care Unit? Yes
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Nurses watched me closely
5. What did you not like about the Unit? Everything was o. k.
6. Do you feel that you had enough privacy in the Unit? Yes
7. Were the other patients in the Unit too close to you? No, only person in the Unit
8. How did you feel about the visiting privileges? O. K.
9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? Yes, could see the clock

11. Were you able to keep track of the date? No, no calendar

12. Was there too much noice in the Unit? Yes, message tubes

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Doctor and nurses

15. Did you have any worries while in the Unit? Worried about son in the service

16. Were you able to talk over these worries with anyone and who was that person? Pastor and nurses

17. How did you feel about your transfer out of the Unit? Good

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? More room between patients

20. Were you frightened because you were in the Unit? Yes

21. How were you transferred out of the Unit? Stretcher

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
25	F	17	M	Surgical	Homemaker	Guarded	No	Yes	5	2

Diagnosis: Ulcerative colitis, ileostomy, 4 months pregnant

1. Did you know that you were going to the Unit? No
2. Did you realize that you were in the Intensive Care Unit? Yes, had been there before
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Nurses always there
5. What did you not like about the Unit? Could not smoke, mother here from Washington, was not allowed to stay with her
6. Do you feel that you had enough privacy in the Unit? No, felt as if in a glass cage, could see other patients
7. Were the other patients in the Unit too close to you? Yes
8. How did you feel about the visiting privileges? Felt mother should be allowed to stay with her as she came out of state

9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? No, no clock

11. Were you able to keep track of the date? No, no calendar

12. Was there too much noise in the Unit? No

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Doctor

15. Did you have any worries while in the Unit? Afraid she will lose her baby

16. Were you able to talk over these worries with anyone and who was that person? Doctor had clinical nurse specialist come to talk to her

17. How did you feel about your transfer out of the Unit? Good, road to recovery

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Visiting rules changed, chairs for visitors, more cheerful

20. Were you frightened because you were in the Unit? No

21. How were you transferred out of the Unit? Walked

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
26	M	59	M	Surgical	Civil Service Retired	Good	Yes	No	5	3

Diagnosis: TURP - Non-malignant

1. Did you know that you were going to the Unit? Yes
2. Did you realize that you were in the Intensive Care Unit? Yes
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Nurses always there
5. What did you not like about the Unit? Everything was o. k.
6. Do you feel that you had enough privacy in the Unit? Yes; No, if there had been more patients
7. Were the other patients in the Unit too close to you? No
8. How did you feel about the visiting privileges? O. K.
9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? Yes, would ask the nurses

11. Were you able to keep track of the date? Yes, by the date on the paper

12. Was there too much noise in the Unit? No

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Doctor

15. Did you have any worries while in the Unit? Worried about wife who had surgery two days before he did

16. Were you able to talk over these worries with anyone and who was that person? Daughter who is R. N.

17. How did you feel about your transfer out of the Unit? Good, means progress

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Nothing

20. Were you frightened because you were in the Unit? No

21. How were you transferred out of the Unit? Wheelchair

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
27	M	58	M	Medical	Inspector Gypsom Co.	Guarded	Yes	No	1	3

Diagnosis: Embolus, left leg

1. Did you know that you were going to the Unit? No
2. Did you realize that you were in the Intensive Care Unit? Yes
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Closeness of nurses
5. What did you not like about the Unit? Everything was o. k.
6. Do you feel that you had enough privacy in the Unit? Yes, as well as could be expected
7. Were the other patients in the Unit too close to you? No
8. How did you feel about the visiting privileges? O. K. Only 2 patients in the Unit, so his wife could stay longer

9. Were the nurses always there when you needed them? Yes, night shift better

10. Were you able to keep track of the time? Yes, had watch

11. Were you able to keep track of the date? No, no calendar

12. Was there too much noise in the Unit? No, but he could hear other patients moaning

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Doctor

15. Did you have any worries while in the Unit? Worried about blood clot moving up further in his leg

16. Were you able to talk over these worries with anyone and who was that person? Doctor

17. How did you feel about your transfer out of the Unit? Good, sign of progress

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? More privacy

20. Were you frightened because you were in the Unit? No

21. How were you transferred out of the Unit? Bed

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
28	M	60	M	Surgical	Maintenance Man	Good	Yes	No	2	3

Diagnosis: Exploratory Lap., pyloroplasty, esophagoscopy, gastrotomy-vagatomy

1. Did you know that you were going to the Unit? Yes
2. Did you realize that you were in the Intensive Care Unit? Yes, openness and all of the patients
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes, most certainly.
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Courtesy and services of the nurses
5. What did you not like about the Unit? Everything was o.k.
6. Do you feel that you had enough privacy in the Unit? Yes
7. Were the other patients in the Unit too close to you? No, not necessarily
8. How did you feel about the visiting privileges? O. K.
9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? Yes, by asking

11. Were you able to keep track of the date? Yes, by asking

12. Was there too much noise in the Unit? No

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Nurses

15. Did you have any worries while in the Unit? No, was so sick, just wanted to get surgery over

16. Were you able to talk over these worries with anyone and who was that person? Wife and doctor

17. How did you feel about your transfer out of the Unit? Good, sign of doing well

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Nothing

20. Were you frightened because you were in the Unit? No

21. How were you transferred out of the Unit? Bed

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
29	M	53	D	Surgical	Equipment Operator	Guarded	Yes	No	7	1

Diagnosis: Exploratory Lap., colon resection, gastric resection

1. Did you know that you were going to the Unit? Yes
2. Did you realize that you were in the Intensive Care Unit? Yes
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Seeing the nurses all the time
5. What did you not like about the Unit? Other patients could see him
6. Do you feel that you had enough privacy in the Unit? No, people could always see him
7. Were the other patients in the Unit too close to you? No
8. How did you feel about the visiting privileges? O. K.
9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? Yes, clock was in front of him

11. Were you able to keep track of the date? Yes, by paper

12. Was there too much noise in the Unit? Yes, other patients

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Doctors and nurses

15. Did you have any worries while in the Unit? Worried about surviving surgery

16. Were you able to talk over these worries with anyone and who was that person? Doctor

17. How did you feel about your transfer out of the Unit? Real good, on the road to recovery

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Can't think of anything right now

20. Were you frightened because you were in the Unit? No

21. How were you transferred out of the Unit? Wheelchair

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
30	M	51	M	Surgery	Bureau of Fisheries	Poor	No	No	4	3

Diagnosis: Unoperable aneurysm, bilateral sympathetomy

1. Did you know that you were going to the Unit? Yes
2. Did you realize that you were in the Intensive Care Unit? Yes
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Nurses always there
5. What did you not like about the Unit? Noise of message tubes
6. Do you feel that you had enough privacy in the Unit? Yes
7. Were the other patients in the Unit too close to you? No
8. How did you feel about the visiting privileges? O. K.
9. Were the nurses always there when you needed them? Yes

10. Were you able to keep track of the time? Yes, could see the clock

11. Were you able to keep track of the date? No, no calendar

12. Was there too much noise in the Unit? Yes, other patients

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Doctor

15. Did you have any worries while in the Unit? No, was well prepared by physician

16. Were you able to talk over these worries with anyone and who was that person? Doctor

17. How did you feel about your transfer out of the Unit? Good

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Nothing

20. Were you frightened because you were in the Unit? No

21. How were you transferred out of the Unit? Bed

22. Do you feel the floor you were transferred to was prepared for you? Yes

APPENDIX B

PATIENT DATA AND RESPONSE TO INTERVIEW GUIDE

Pt. No.	Sex	Age	Marital Status	Category	Occupation	Prognosis	Knowledge of Prognosis	Ever In Unit Before	No. of Days In Unit	Days Post Transfer
31	F	16	S	Surgery	Student	Good	Yes	No	4	3

Diagnosis: Removal of osteochondrame

1. Did you know that you were going to the Unit? Yes
2. Did you realize that you were in the Intensive Care Unit? Yes, last three days
3. Do you feel that you got exactly what you needed in the Intensive Care Unit? Yes
4. What things did you particularly like about the Unit, telephone, television, care, etc.? Closeness of nurses and they always explained things to me
5. What did you not like about the Unit? Hearing the other patients, one patient kept saying he was dying
6. Do you feel that you had enough privacy in the Unit? Yes, only 2 patients in the Unit; No, if there had been more patients
7. Were the other patients in the Unit too close to you? No, only 2 patients in the Unit
8. How did you feel about the visiting privileges? O. K. Mother was allowed to stay longer

9. Were the nurses always there when you needed them? Yes, most of the time

10. Were you able to keep track of the time? No, had to ask

11. Were you able to keep track of the date? No, had to ask

12. Was there too much noise in the Unit? Yes, other patients

13. Were you kept informed of your illness and progress? Yes

14. Who informed you of your progress in the Unit? Head nurse

15. Did you have any worries while in the Unit? Worried because of chest tube

16. Were you able to talk over these worries with anyone and who was that person? Head nurse, other nurses did not understand her

17. How did you feel about your transfer out of the Unit? Felt good, but after a night on peds floor wished she was back in the Intensive Care Unit. Peds nurses did not seem to know how to care for her

18. Did you feel that you were ready to be transferred out of the Unit? Yes

19. Do you think anything should be done differently in the Unit? Nothing

20. Were you frightened because you were in the Unit? No

21. How were you transferred out of the Unit? Wheelchair

22. Do you feel the floor you were transferred to was prepared for you? No, felt nurses did not know how to care for her

APPENDIX C

GUIDELINES FOR NURSES

A. Before entering the Intensive Care Unit

The patient who is told that he will be admitted to the Intensive Care Unit after surgery is usually apprehensive over his upcoming surgery and the fact that he will need Intensive Care after surgery. The nursing staff in the Intensive Care Unit should make an attempt to visit the patient before his surgery. If at all possible, the family should be included in this visit. The following points should be covered with the patient and his family:

1. General purpose of the Unit.
2. Physical layout and plan of the Unit.
3. Type of nursing care he can expect.
4. Particular policies of the Unit in regards to visiting regulations, what the patient can take to the Unit with him, and any other information that might make adaption to the environment a little easier.

B. When the patient enters the Unit

After surgery, or in an emergency admission, the patient needs to be oriented to his surroundings. He needs to be told where he is, and that his surgery is over, or in the case of non-surgical admissions, told a little about his condition and how he is doing. The following

points need to be covered very simply:

1. Layout and location of the Unit.
2. Explanation of equipment and procedures.
    a. Monitor
    b. Oxygen
    c. Intravenous Infusion
    d. Blood pressure equipment
    e. Catheters and drainage tubes
    f. Suctioning equipment
    g. Other equipment that might be used on the particular patient
3. Type of nursing care that he can expect in the Unit.
4. Restrictions that are placed on him, such as no fluids, and the purpose of these restrictions.
5. The visiting restrictions, the fact that his family is in the waiting room, and will be allowed to visit him for short periods.
6. The nurse should try to include the family in the patient's care. By keeping them informed they can give support and comfort to the patient.
7. The nurse should also try to prepare the family for their first visit with the patient, as far as how he looks, equipment used, etc.

8. The patient should be kept informed of his condition and progress, this should be done in simple terms. The nurse should re-enforce what the physician has said to the patient about his condition and interpret what he has said when needed.
9. The other needs of the patient, such as emotional and spiritual, need to be investigated with the patient. The patient should feel free to communicate his feelings, worries or concerns to the nurse. The nurse needs to listen to the patient and possibly refer the patient or the family to another member of the staff or to an agency.
10. The nurse needs to continually orient the patient to time and place and re-enforce what has been told to the patient. Because of the patient's condition and the medication, he may forget what has been said to him.
11. The patient's privacy and dignity must be maintained at all times.

C. Preparation for discharge from the Unit

As the time approaches for the patient's discharge from the Unit, the nurse should re-enforce that this is a sign of progress and allow the patient to verbalize his feelings about leaving the Unit. He should be prepared for the type of nursing care that he can expect to receive on the general floor, who will take care of him, and the things

he will be expected to do for himself.

D. When the patient goes to the general floor

Whenever possible this should be a planned procedure, the patient and his family should know about the planned move at least the day before. When the patient is discharged, the floor should be prepared for him and the nurse from the Unit should accompany the patient to the floor and introduce him to the nurse or nurses. There should be a free flow of communication between the Unit nurses and the general floor nurses regarding specific needs of the patients.

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