



Why this guide exists

My older brother spent weeks in an intensive care unit after a serious accident. My family learned this unit the hard way, one alarm and one shift change at a time.

My siblings and I reacted in opposite ways. Some of us could not stay in the room. I could not leave it. Rather than look away, I sat beside his bed with a notebook and recorded everything: the medications, the numbers, the small changes, the questions I was too afraid to ask out loud. That notebook gave me both a purpose and a lesson: every patient needs someone in their corner.

My brother recovered. Not every day felt like he would. On the hardest days, the nurses and doctors in this unit carried my family, and I have never forgotten it.

This is my mission now. I want the best for every patient in this unit and for every family beside them. Being in someone's corner does not mean never going home; it means understanding what is happening and asking the right questions, wherever you are. This guide exists to help you do both.



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If it is your brother or sister

- ♥ Siblings react in opposite ways. Some cannot stay in the room. Some cannot leave it. Neither is wrong.
- ♥ You are allowed to ask the team questions directly, even if your parents are the main contacts.
- ♥ Find one job that is yours: the notebook, updating relatives, bringing food. A job keeps you steady.
- ♥ Hard moments may stay with you. Talking about them later is strength, not weakness.



Taking care of yourself

- * Eat real meals. Sleep at home when you can. Take shifts so someone is always reachable.
- * Pick one person to send updates to who tells everyone else.
- * Step outside once a day, even for ten minutes.
- * It is okay to laugh in the waiting room. It is okay to fall apart in the car. Both will happen.

Ask the social worker about family lounges, meal vouchers, parking passes, and lodging. That is what they are there for, and you do not need to be in crisis to ask.



IN THEIR CORNER

A FAMILY GUIDE TO THE ICU

Every patient needs someone in their corner.

Right now, that someone is you. This guide walks you through what you are seeing, who is caring for your person, and how to speak up for the one you love.



- What the monitors and machines mean
- Who is on the care team and what to ask
- How to advocate for the person you love
- Support for siblings and for you

Made by a family that has been here

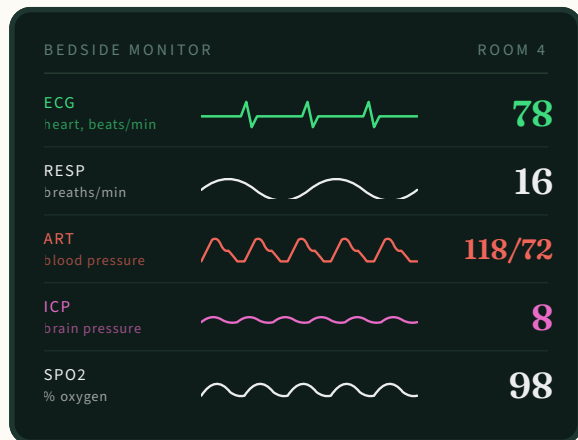
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LOGO PLACEMENT UPON ADOPTION

In Their Corner offers general support and information for families. It is not medical advice; always follow the guidance of your care team. Created by a family that has been here, reviewed by ICU nursing staff, and offered free to every family who needs it.



What you are seeing

The machines feel overwhelming at first, but they are simpler than they look. Start with the monitor above the bed. Each color is telling you one thing.



Green is the heart: rate and rhythm (ECG). The big number is beats per minute.



Red is blood pressure measured through a small line in an artery, updating with every heartbeat.



Pink is pressure inside the head (ICP), watched closely after a brain injury. The CPP number beside it reflects blood flow to the brain.



White numbers are breathing rate, oxygen (SpO2), and temperature. The labels beside each one tell you which is which.

When an alarm sounds: some alarms are routine and some matter, and you do not have to figure out which is which. Instead of panicking, tell a nurse. If an alarm keeps going and no one has come, go get someone. That is never an overreaction.



Who is in the room

Many people will move through this room, and every one of them has a role. Knowing who is who tells you exactly where to bring each question.



ICU Nurse (RN)

With your person more than anyone else, often caring for only one or two patients. Your best source for what is happening right now. Learn their name each shift.



ICU Doctors (Intensivists)

Lead the day-to-day plan and run rounds. Ask them about the big picture and what the team is watching for.



Resident Doctors

Doctors in training who work under the intensivists. Often the first doctor you see and the easiest to catch with day-to-day questions.



Trauma Doctors

Manage the injuries themselves, including any surgeries. Ask them about the injuries, what has been repaired, and what comes next.



Specialist Doctors

Called in for the specific injury: a cardiologist for the heart, a neurologist for the brain, a nephrologist for the kidneys. Ask which specialists are following your person, and write their names down.



Case Manager (Case Worker)

Handles insurance, coverage questions, and planning for what comes after the ICU, including rehab placement. Loop them in early.



Social Worker

Here for the family, not just the patient. Parking, lodging, meals, and someone to sit with you. Asking for them is normal, not dramatic.



Be their advocate

This is the most important page in this guide. Your person cannot speak for themselves right now, so someone should always be speaking for them. That someone is you.

- If something seems off, say so. You know this person. The team knows medicine. Care is best when both speak up.
- Keep asking until you understand the plan. You cannot advocate for a plan you cannot explain.
- If your person seems in pain or uncomfortable, tell someone right away. Comfort counts as care.

Questions worth asking at rounds

Your mind will go blank. That is normal. Point to this list instead.

- What changed overnight, and what does the team make of it?
- What is the main goal for today?
- What would progress look like this week?
- What are you watching for or worried about?
- What can we do as a family that actually helps?

Your advocacy tool: the notebook

- Date, time, and nurse on shift
- Medication changes and key numbers
- Small changes: movement, responses
- What was said at rounds, in your words
- Questions to ask tomorrow

Doctors and nurses change shifts. Your notebook does not. You are not in the way. You are part of the record.