Intensive Care Unit

azdelta

Dear patient, dear family,

At our intensive care unit, we treat patients with serious, acute or life-threatening conditions. This may be due to an accident, major surgery or serious illness.

The intensive care unit is equipped with advanced medical equipment that allows us to provide highly specialised care. A multidisciplinary team of specialised doctors, nurses and other healthcare professionals is on hand day and night to ensure safe, high-quality and patient-centred treatment for every patient.

We attach great importance to clear communication about the severity and course of the condition, both with the patient and the family. So do not hesitate to ask our doctors or nurses any questions you may have. We are always ready to keep you informed.

Intensive care team

Nursing wards

The intensive care department at AZ Delta is divided into four nursing wards at the Rumbeke campus, as well as one nursing ward each at the Torhout and Menen campuses.

Rumbeke Campus

Deltalaan 1, Roeselare

- Intensive care 1 and 2 (route 2.300): take the elevator to the second floor, and when you get out of the elevator, turn right around the corner.
- Intensive care 3 and 4 (route 3.300): take the elevator to the third floor, and when you get out of the elevator, turn right around the corner.

Torhout Campus

Sint-Rembertlaan 21, Torhout
Route 470 - 1st floor

Menen Campus

Oude Leielaan 6, Menen
Route 107 - ground floor

Communications

We understand how important it is to stay informed about your loved one's condition. You can therefore always reach us by phone for information or with your questions.

Rumbeke Campus

Call us on **051 23 77 99.**

- When you call, you will first hear a selection menu.
- Enter the patient's room number to be connected directly to the nurse in charge.
- If you not know the room number then you will be connected to a nurse who will assist you further.

Torhout Campus

Call us on **050 23 23 91**.

Menen Campus

Call us on **056 52 24 00**.

To make communication as smooth as possible, we ask that one central point of contact be designated within the family. This person can then further share the information with the other family members. This allows us to maximise our time to patient care, and communication remains clear and efficient. In case of significant changes in the patient's health condition, we will inform the permanent contact person ourselves. Therefore, we ask you to provide a phone or mobile number so that we can always reach someone if needed.

We attach great importance to the privacy of our patients. Therefore, when you call, we always ask for the name and date of birth of the patient you are calling for. This way, we can make sure we provide the right information to the right person. Keep in mind that we give only brief information over the phone. During visiting times, you will be given more detailed information.

Visiting

Visitors are welcome to visit our ward every day during the following times:
- Afternoon: from **1 p.m.** to **1:30 p.m.**
- Evening: from **7 p.m.** to **7:45 p.m.**
- By appointment: would you like to visit at another time? Feel free to contact the nurse to make an appointment.

The intensive care unit is not freely accessible. We ask you to take a seat in the waiting room at the start of the visit. A nurse will come and collect you there. If you come outside of visiting hours, you should ring the doorbell.

If you wish to meet with the attending physician, an appointment can be made for this through the nursing team.

To promote peace and recovery for our patients, please limit visits to two to three people at a time. If you visit with several persons, we ask that you alternate.

For visits by children under 12, it is best to contact the nurse in advance, as this requires some preparation.

Alarms

A first visit to the intensive care service can be quite overwhelming. The patient is often surrounded by medical equipment and may have various tubes, cables or stickers on the body. Sometimes speaking is not possible, for example, because of a breathing tube in the throat. Still, we encourage you to make contact:
- feel free to touch your relative if you wish.
- talk to him or her, even if there is no answer. Hearing is often the first sense that comes back.

Don't be alarmed if an alarm goes off. Most signals are meant as warnings or reminders to the care team, and do not mean that anything is wrong or that you are doing something wrong. Our nurses monitor these signals closely.

Restraint

Patients in the intensive care unit are often in a state of diminished consciousness. This could be due to heavy medication, confusion or the underlying condition, such as a brain injury. In this state, patients sometimes unknowingly try to remove life-saving tubes or probes. When this poses a risk to their own safety, we are forced to temporarily restrict their freedom of movement by using restraints such as an abdominal belt, wristbands or ankle straps.

Infection prevention

For the safety of both the patient and yourself, we request that you disinfect your hands with hand sanitiser both before and after your visit. You will find hand sanitiser at the entrance to the ward and in each room.
Patients in intensive care units are especially vulnerable to infections. Therefore, for hygiene reasons, flowers and plants are not allowed on the ward. Fruits and other foods can be stored in the fridge to a limited extent. Feel free to discuss this with the nurse.

Privacy

To ensure the privacy of our patients, visitors and caregivers, taking photos, recording conversations or making video recordings is prohibited without the consent of the patient and the caregiver.

What does the patient need?

Due to the presence of multiple cables and tubes connected to the patient, it is usually not possible to wear your own nightwear. That is why all patients in the intensive care unit wear a hospital gown. Some personal items, such as glasses, dentures, hearing aids or shavers, may well be useful. Please ensure that these items are clearly labelled with the patient's name to avoid mistakes. Jewellery, money and the identity card are given to the family for hygienic and security reasons.

Introduction team

Our intensive care department is supported by a multidisciplinary team of healthcare professionals ready day and night to provide the best support to our patients.

Physicians

Our doctors specialise in Intensive Care thanks to additional training and also supervise junior doctors. In consultation with the referring specialist, they draw up a treatment plan tailored to the patient's individual needs, with ongoing follow-up during the admission. Once the patient has recovered sufficiently, they ensure a smooth transition to an appropriate ward.

Nurses

In our intensive care unit, patients are surrounded by nurses with specialised training and extensive experience in managing people in critical condition. We attach great importance to training and therefore also provide guidance to nursing students who rotate in the department.

To ensure continuity of care and a relationship of trust with the patient, care is preferably entrusted to the same nurse for several consecutive days. Each nurse is responsible for two to three patients.

Physiotherapists and occupational therapists

These therapists support our patients in breathing training and muscle strengthening, which is crucial when breathing is weakened. They also help with mobilisation - such as sitting or stepping - to start the recovery process already in the intensive care unit.

Speech therapy

The speech therapist supports patients with swallowing problems, especially when swallowing is difficult due to muscle weakness, neurological disorders or after prolonged ventilation. They assess swallowing function, give advice on safe food textures and guide the establishment of oral nutrition. They also help with communication problems, for example, when speaking is temporarily impossible.

Dietitian

The dietitian ensures that the patient receives sufficient nutrients adapted to the medical condition. They prepare feeding schedules, assist with tube feeding or TPN (nutrition through the bloodstream), and adjust the diet in case of swallowing problems or reduced appetite. Their goal is to provide optimal support to the body during recovery.

Social services

The social worker is available to assist patients and their families with questions about admission, social rights, home issues, or further care planning. They can manage the dismissal procedure and help make arrangements for aftercare.

Psychologist

As a patient or family member, do you need a listening ear or support during difficult moments? If so, you can visit our hospital psychologist for counselling or therapy.

Pastoral care

In our total care, there is also room for spiritual guidance. Patients and family can seek support from the pastoral care team or a representative of their own philosophical beliefs.

Logistics staff

Logistics staff are responsible for support tasks such as replenishing equipment, ordering supplies and maintaining equipment.

Cleaning staff

A clean environment is essential. Every day, our cleaning team thoroughly cleans the furniture, floor and equipment around the bed.

The stay in the intensive care unit

An admission to the intensive care unit is often a profound event, both for the patient and the family. Whether it is a planned admission after a major surgery or an unexpected, urgent situation.

In our intensive care unit, we closely monitor the patient's health status around the clock. In doing so, we use monitors that continuously measure important body functions such as heart rate, blood pressure, breathing and blood oxygen levels. For many patients, continuous blood pressure monitoring is necessary. To do this, we insert a thin tube into an artery. Through this tube, we can also draw blood for examination.

Respiratory support

In intensive care, many patients need temporary assistance with breathing. A respirator supports breathing by delivering extra air and oxygen. This can be done through nasal goggles or a mask that fits closely to the face. For more severe breathing problems, a breathing tube is placed in the trachea, through the mouth or sometimes directly through the neck. In this case, the patient is temporarily unable to speak.

Medication

In intensive care, patients are often administered multiple types of medication adapted to their medical condition. Consider, for example, painkillers, antibiotics, sleep medication, medication for blood pressure or to support heart function.

Because intensive treatment often needs to be quick and precise, we use special tubes, also called catheters, to deliver medication directly into the bloodstream.

- **Small tubes** (peripheral catheters) are inserted into a vein in the hand, arm or foot.
- **Larger tubes** (central catheters) are placed in a deeper vein, usually in the neck, under the collarbone or in the groin.

Through these tubes, we can not only administer medication, but also monitor the heart closely and administer fluids or nutrients if needed.

Blood transfusion

After surgery or due to severe illness, there may be a life- or organ-threatening deficiency of red blood cells, platelets or proteins that provide blood clotting. These may need to be supplemented by additional administration of blood or blood products.

Kidney function

Proper monitoring of renal function is essential in patients in intensive care. When spontaneous urination is difficult, a bladder catheter is often inserted: a thin tube that enters the bladder through the urethra and continuously drains urine.

When the kidneys temporarily malfunction, dialysis may be needed to clean the blood and remove excess fluid. In intensive care, this is done via a central catheter, with an artificial kidney taking over the filtering function of the kidneys. The medical team closely monitors and adjusts treatment according to the patient's condition

Nutrition

Nutrition in intensive care is crucial for the recovery of critically ill patients. Dietitians and healthcare providers tailor nutrition to the patient's medical condition on a daily basis. Due to muscle weakness or neurological disorders, patients may have difficulty swallowing. In such cases, speech therapy is used and dietary consistency is adjusted so that eating remains safe and comfortable. If eating independently is not possible, the patient may be switched to tube feeding via a gavage inserted through the nose like a thin tube. In situations where tube feeding is also inadequate or not possible, TPN, nutrition administered directly into the bloodstream through a catheter, is chosen to still provide all the necessary nutrients.

Brain trauma

Patients with brain trauma are closely monitored in intensive care. Because consciousness is often disturbed, we continuously check brain function through observation, monitoring and specialised tests. In some cases, we measure brain pressure with a fine tube in the ventricles of the brain or record brain activity via electrodes on the forehead.
The medical team monitors vital signs day and night and adjusts treatment according to the patient's progress. Ventilation, sleep medication and temperature monitoring may be needed to protect the brain and prevent further damage. The first phase of rehabilitation often already starts in the intensive care unit, focusing on comfort, safety and recovery.

Wound care

In the intensive care unit, we pay close attention to good skin care. Patients often lie in bed for long periods and have reduced blood flow, increasing the risk of bedsores (pressure sores). These wounds occur at pressure points such as the heels or tailbone, and can be painful and delay recovery.

Our team takes daily preventive measures: we use special mattresses, change positions regularly and check the skin carefully. If a wound does occur, our nurses and wound care specialists provide appropriate treatment with modern dressings and techniques.

Pain and anxiety

We strive to keep every patient pain-free but still awake. Nevertheless, it may be necessary to keep the patient in an artificial coma, for the patient's comfort, to allow the healing process to take place in the best conditions or to enable intensive treatments. This is done using heavy sleep medication and painkillers and is similar to artificial sleep during surgery. Patients who are critically ill often suffer from agitation and confusion. This can negatively affect the healing process. Therefore, we sometimes administer heavy analgesic and anti-anxiety medication. In some cases, we are forced to temporarily restrict freedom of movement by using restraining materials, such as abdominal belts, wrist bands or ankle straps.

Investigations and interventions

In addition to daily body checks and regular examinations of blood, urine, and other bodily fluids, imaging tests, such as pulmonary or CT scans, may also be necessary. In certain cases, we perform keyhole examinations of the airways, stomach and intestines, or examine the nervous system, brain and muscles.

Sometimes we take small pieces of tissue for further examination. This sometimes requires a short anaesthetic. To detect infections and other conditions, we often puncture fluid collections in the body to analyse them.

As patients in intensive care are often seriously ill, urgent interventions are sometimes unavoidable. This unit therefore frequently carries out acute treatments and examinations. Although some tests and treatments can be invasive and carry risks such as bleeding, infection and tissue damage, they are essential to provide the best possible care.

Long-term stay in the intensive care unit

A prolonged stay in an intensive care unit can lead to Post Intensive Care Syndrome (PICS), which manifests as physical, cognitive and psychological symptoms such as muscle weakness, memory problems, anxiety and depression. To mitigate these effects, rehabilitation often starts during admission, with early mobilisation ranging from passive movements to short walks, which helps maintain muscle strength and lung function and prevent complications.
In addition, a diary is used to support patients and their families: in it, caregivers and loved ones can note down events and feelings, which helps to process the admission and reduce psychological symptoms. The diary offers both patients and family members a tangible reminder and a way to stay involved during this intense period

Required patient consent

Patients in intensive care often require a range of treatments, examinations, interventions, and procedures. These can sometimes be very demanding, stressful and risky. But they are necessary to provide good care to the patient. Here, we often have to act quickly and the patient is sometimes unconscious. As a result, it is not always possible to personally coordinate with patients or their representatives before each treatment or examination. That is why specific arrangements for the so-called **“informed patient consent”** are applicable.

On the one hand, patients or their representatives receive the information leaflet on intensive care. With this, general consent is given for the most common treatments, examinations, procedures and operations, as described in this brochure in the “Medical monitoring” section. On the other hand, the treating team will provide, in principle in advance, the patient and his or her family with additional information on the specific examinations, treatments, procedures and operations, and also about the purpose, necessity, risks and possible alternatives. On the basis of that information, we request that the patient or his or her representative consent to all tests and treatments that the doctors propose or deem necessary. The doctor makes a note of this in the patient’s file. Patients and their relatives are also regularly informed by the team about developments in their state of health.

If a patient’s state of disease is severe or urgent, the team must act so quickly that providing information in advance is not possible. The patient’s best interests will then be acted upon in good conscience. Afterwards, the patient, his or her family or representative will receive the information as soon as possible. In general, for a patient who can no longer express his will, the treatment team will discuss the planning and developments with the family or representative and obtain additional information about the patient’s presumed wishes. If a written will exists, the attending physician will take it into account when determining the course of treatment.

Prior to any planned surgery/procedure that does not take place in the intensive care unit, the patient must be informed and then give his or her consent. Before the procedure, the patient (or legal representative) is handed the patient booklet containing the document for the required consent. Consent by the patient is required for the operation (or procedure) as well as for anaesthesia and analgesia. Both documents must be signed by the patient or his or her legal representative. That required consent (patient booklet) is kept in the patient's file.

Request for documents

To request insurance documents, medical certificates or other administrative forms, please do so via the email address below:
secr.anesthesie.rumbeke@azdelta.be

Please always include the patient's name and date of birth and the reason for the document in your request, so that we can help you as smoothly as possible.

Feedback

As a family member, do you have any comments, concerns, or suggestions about the care in our intensive care unit? Your feedback is very valuable to us and helps us to continuously improve our care.
You are welcome to contact us via email:
saskia.amerlinck@azdelta.be

Notes

Contact information

RUMBEKE CAMPUS
t 051 23 77 99
Room number: .....

MENEN CAMPUS
t 056 52 24 00

TORHOUT CAMPUS
t 050 23 23 91

Coordinating head nurse
Saskia Amerlinck
e saskia.amerlinck@azdelta.be

Head nurses
Koen Hillewaere
e koen.hillewaere@azdelta.be
Pieter Tesse
e pieter.tesse@azdelta.be
Francis Ramboer
e francis.ramboer@azdelta.be
Mathilde Devos
e mathilde.devos@azdelta.be

www.azdelta.be

Source: Intensive Care Department information

Physicians

Dr Piet Lormans (chief medical officer)
e piet.lormans@azdelta.be

Dr. Yves Devriendt
e yves.devriendt@azdelta.be

AZ Delta Deltalaan 1, 8800 Roeselare **t** 051 23 71 11 **e** info@azdelta.be **w** www.azdelta.be
0520 5751-EN **This brochure is revised on 21/04/2026**