



THE INTENSIVE CARE UNIT. A guide for family members



Friendly ICU project

1. INTRODUCTION.....page 3	4. ISOLATION.....page 10
2. DESCRIPTION OF THE INTENSIVE CARE UNIT.....page 4	5. HOW THE ICU FUNCTIONS, AND ITS RULES.....page 11
<ul style="list-style-type: none"> • General information. • Description of the equipment. • What you will find in the bay (called a box in Spain). • Techniques and procedures. 	<ul style="list-style-type: none"> • Visiting times. • General information
3. DAY BY DAY FOR YOUR RELATIVE IN THE ICU.....page 7	6. RULES FOR VISITORS.....page 13
<ul style="list-style-type: none"> • How does the patient breath? • Can he eat and drink? How does he pass urine and faecal matter? • May you touch him? Movement and rehabilitation • Rest and sleep. • Care and personal hygiene. • Control and maintenance of temperature. • Preventing risks. • How can he communicate? • Leisure and entertainment. • Beliefs and values. 	7. TRANSFERS.....page 14
	8. RESOURCES..... page 14
	<ul style="list-style-type: none"> • Receipts and reports • Social assistance • Office for Patient Service.
	9.DOCUMENTATION..... page 14
	10. A FAMILY MEMBER HAS BEEN ADMITTED TO THE INTENSIVE CARE UNIT..... page 15
	<ul style="list-style-type: none"> • What will happen to me? • What can I do to make things better?
	11. THE RIGHTS AND OBLIGATIONS OF PATIENTS, AND THOSE WHO USE THE CANARIAN HEALTH SERVICE page 16

1. INTRODUCTION

We know that one of the greatest needs of family members of patients admitted to the Intensive Care Unit (ICU) is to be well informed.

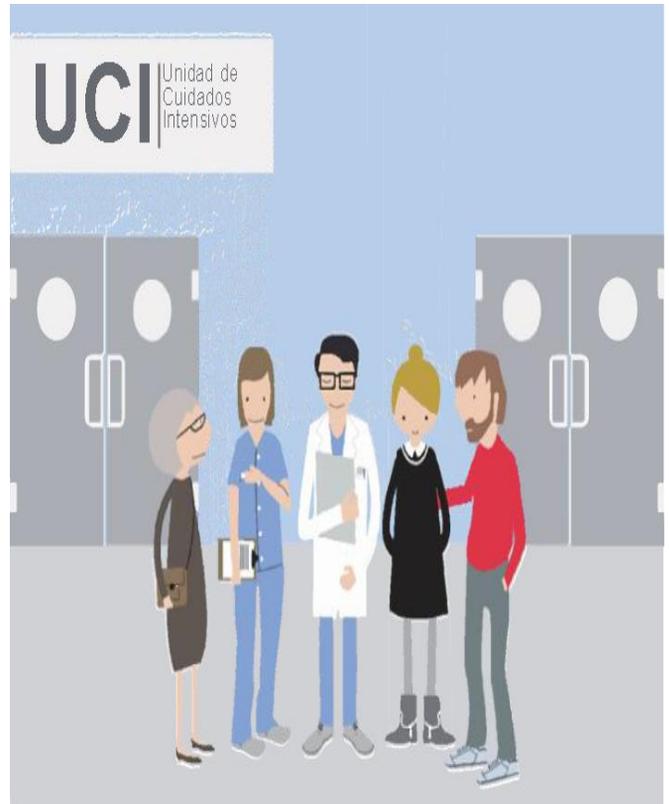
For the purpose of meeting this need, we have created this guide with information relating to the more general aspects of having a family member admitted to the ICU.

More particularly, the objective of this guide is to inform you of:

- The special characteristics of an Intensive Care Unit;
- The way the ICU functions, and its rules,
- The resources available to you.
- Useful advice so that you and your family can get through this process as comfortably as possible.

Please read this guide carefully. We ask that you take care of it and leave it here so that other families can consult it whenever they need to.

If, after reading this booklet you have any questions or you need more precise and individual information, please ask the team in the ICU.



2. CHARACTERISTICS OF THE INTENSIVE CARE UNIT

❖ General information about the unit

The Intensive Care Unit is an area of the hospital where we can admit patients who are (or potentially are) in a critical situation, who need specific and continuous treatment, observation and care.

The service has 10 bays, or individual rooms.

❖ Description of the Unit

The unit consists of ten bays which are accessed by an interior passageway. The rooms are numbered 1 to 10.

In the unit you may find people with different illnesses, and differing degrees of seriousness.

❖ The Arthur Robinson waiting room

Adjoining the entrance to the unit there is a waiting room available where you can meet with other family members, and where you can wait to talk to the ICU team.

This room is called the “Arthur Robinson” thanks to the family Robinson who donated the furniture and decoration, to make the room much more comfortable. Thanks to their donation we were also able to redecorate the information room.

❖ Information Room

You will receive medical information each day in this room.

❖ The Help team

Our Intensive Care Unit has at its disposal doctors specialising in Intensive Medicine, together with nurses, technicians, hospital porters and other professionals, according to the needs of each patient, who will be attending to your relative 24 hours a day.

❖ Within the room

Each room is furnished with specialised equipment which you may not recognise. This equipment, which at first glance may be difficult to take in, is going to help your relative, and is needed to guarantee the observation and treatment which we offer.

❖ We are equipped with alarms which keep us informed of any variation which the machinery may detect. Sometimes these alarms may go off for different reasons and are not always indications of urgent situations. These alarms are also connected to a central monitor watched over by a nurse, which makes it possible for the team to keep your relative under constant observation.

- **MAIN MONITOR**

This machine monitors continuously the patient's vital signs and registers any change that might be detected.

- **VENTILATOR**

The ventilator supplies air and oxygen to your relative and helps them to breathe, either by using a mask, or by a tube in the mouth or in the trachea.

- **INFUSION PUMPS**

These machines are used to administer medication, serum or nourishment continuously and securely.

- **HEMOFILTER**

This apparatus temporarily replaces the function of the kidneys and helps the patient eliminate liquids and toxins from the blood. To make it work the blood must pass via a catheter into the machine which filters it, and then returns the purified blood to the patient.

- **PACEMAKER**

The patient may have a temporary pacemaker fitted which will help to maintain the rhythm of his heartbeat. This does not necessarily mean that he will have one fitted permanently.



Not everyone admitted to the ICU will use all these resources. Each will be used according to the patient's needs.

❖ Techniques and Procedures

It is possible that during their stay in the ICU your relative will experience different techniques and procedures, always dependant on their needs.

Non invasive ventilation

This consists of administering oxygen and air into the lungs by means of a mask, which may cover the nose and mouth, or the whole face. During this procedure it is important that the mask is well fitted to the face so that no air can escape.

Invasive ventilation.

This consists of administering oxygen and air into the lungs by means of a respirator connected by tubes which reach into the trachea. During this procedure your relative may need a greater or lesser level of sedation to make the procedure as comfortable as possible. The procedure may be carried out by:

a. Intertracheal intubation:

This comprises the insertion of a tube through the mouth which reaches as far as the trachea, to help your relative to breath. To carry out this procedure a sedative will be administered to induce sleep, like an anaesthetic. Once anaesthetised your relative will be connected to the respirator and will also be given medication to make him comfortable. Sometimes it may be necessary to keep him asleep for several days. It is important to remember that while he is intubated this way he cannot speak.

b. Tracheotomy:

This comprises the insertion of a shorter tube (a cannula) directly into the trachea through the neck to help the patient to breathe. A tracheotomy is more comfortable as it is better tolerated than the tube. Generally, at the beginning, while the cannula is in place he cannot speak.

Catheters, drains and probes

On admission and during his stay in the ICU, the patient will have various catheters fitted to ensure the administration if medication and the taking of blood samples.

Also, according to the needs of each person, the patient may be fitted with drainage tubes. These are tubes which, fitted to various parts of the body are designed to collect liquids or air and take them outside the body. Sometimes these drains make a noise.

Some patients need a urine catheter to carefully control the emission of urine

Sometimes a gastric catheter is necessary for feeding, or for draining gastric juices.

Lying prone

In some well-defined situations the doctor may tell you that it is necessary to place your relative face down in the bed. This technique is called Lying Prone, and its purpose is, in certain circumstances to improve breathing. In this position the face and eyelids often swell, but this swelling is temporary and will resolve itself once the patient's position is changed.

3. THE DAILY ROUTINE OF YOUR FAMILY MEMBER IN THE ICU

From arrival to discharge in the ICU, your family member will go through various situations that will affect them day by day. Working closely with family members helps offer better care for your relative.

❖ HOW DOES YOUR FAMILY MEMBER BREATHE?

Generally, patients in ICU need additional oxygen. This can be administered via nasal tube or a mask, or in extreme cases, a ventilator. This can be used connected to a tube in the mouth, or tracheotomy cannula or via a mask connected to the oxygen machine. When their situation improves, the assisted breathing is slowly removed so they can become independent.

❖ CAN THEY EAT OR DRINK?

If your family member is intubated they won't be able to eat or drink via the mouth. It's likely that they will have a nasal tube leading to the stomach, whereby we will provide them with what they need. It is normal for patients to have a dry mouth. To alleviate this you may dampen their lips with a wet gauze, always checking this previously with the medical staff.

If they have non invasive breathing assistance (ventilator with mask) it's possible they can eat and drink small amounts when they are resting, as long as they have not been advised to the contrary.

If they have a tracheotomy, it's possible for them to be given purées or blended foods, to avoid them choking.

Remember to bring them their false teeth if they require them. When they start eating, they will ask for them.

❖ TOILET NEEDS

While your family member is admitted, he may need to be intubated to help control the amount of urine he is passing. It is normal that due to lack of movement, ventilation and the liquids administered, he may retain liquids and appear to be swollen. That's why it's important to control amount he drinks.

Due to lack of movement, it's normal that he will suffer with constipation. For this reason they may be given laxatives. On the other hand, due to medication they may have diarrhoea and for this reason they may require the help of a catheter.

❖ CAN I TOUCH HIM/HER?

Yes you can touch your family member.

When a patient is immobilised in ICU the staff will move the patient around in order to avoid bed sores and also for comfort. It's normal to find patients moved from one side to the other in each visit.

Also, it's normal to notice that your family member has lost muscle strength. This is caused mainly by of the stress and the lack of movement.

To prevent this, a physiotherapist offers patients respiratory and physical physiotherapy. You can help with this by moving their arms and legs. Always check whether this is possible with the medical team.

❖ SLEEPING PATTERN

It is normal for sleeping patterns and habits to change whilst in ICU. This can cause a state of confusion and disorientation.

❖ PERSONAL HYGIENE

On a daily basis your relative will be cared for and his personal hygiene taken care of by the team. You can bring in their usual personal hygiene products if you wish.

❖ CONTROLLING AND MAINTAINING TEMPERATURE

There are certain circumstances that can make body temperatures change, this will require that the patient is more covered or uncovered in the bed, require wet towels or machines (hot air ventilation) to keep the temperature normal.

❖ PREVENT RISKS.

If your family member has been sedated, it's normal that when medication starts to wear off, they may not know where they are, and therefore may worry. Finishing a course of sedatives, lack of sleep and loosing track of time are some of the factors that cause confusion and disorientation. To prevent this, it is important that you help the patient, reminding him where he is and what day and time it is. You can also bring a clock/watch, photos or drawings.

Even so, there could be times when they don't recognise you. When this happens, we try to talk to them calmly and offer them some medication to calm them down. In some cases, we may call you so you can be with your family member, in order to give them peace of mind. If, after all the above options, they are still disorientated and confused, the patient may have to be restrained to prevent them harming themselves.

To avoid any damage being done, always, before moving, make sure that the rails of the bed are raised. On the other hand remember that always, on entering and leaving the room you must use the handwash liquid (a bottle with blue liquid which you will find fixed at one side of the door to the bay). This is the most important way of preventing infection. Wearing a mask and gloves is not necessary unless you are told to do so. In the situation where the patient needs special protective measures to be taken, the medical personnel will tell you what to do.

❖ HOW CAN WE COMMUNICATE.

If your relative is intubated, it may be difficult to communicate with him. Be patient, and try to ask simple questions that can be answered with a “yes” or “no”. As the days pass both you and the medical personnel who are looking after your relative will be able to communicate more easily. In the case where the patient is ventilated non-invasively it is preferable not to talk while removing the mask, as this will allow air to escape and make it harder for him to breathe.

As an alternative, as long as your relative is conscious, you might bring a book, a board or an alphabet to make communication easier. Remember to bring his spectacles and hearing aids should they be necessary (the care team may ask for them).

❖ LEISURE AND ENTERTAINMENT

If your relative is conscious he will be grateful if you could bring him a radio, newspaper, book or a magazine which will help to make his stay in the ICU less tedious. Ask the nursing staff if it is possible to bring in electronic equipment such as a laptop computer, mobile telephone or tablets.

❖ BELIEFS AND VALUES.

If you or your relative need to bring any object of religious or spiritual significance talk to the nurse and find a suitable place to put it.

Equally, if you feel it necessary to arrange a visit from a priest or spiritual leader according to your religion, tell the team, who will arrange for the visit to take place.

4. ISOLATION

Isolating a patient is a measure which can be taken in any part of the hospital, and more often in the ICU. According to the state and pathology of the patient, there are three reasons for isolation:

- 1. Because the patient has a transmittable infection and may pass it to others. (Isolation of contact, breathing or transmission by droplets).
- 2. Because the patient has a low immunity or low defences (protective isolation).
- 3. As a precaution until it is confirmed that the patient is not carrying an infection that he may pass to others or is not carrying any bacteria which might be passed on (Preventative isolation following the protocol for the prevention of multiresistant bacteria “Zero Resistance”).

You will be informed if isolation measures must be applied and how to carry them out. There will be information at the bay entrance.



5. HOW THE ICU FUNCTIONS AND ITS RULES

❖ VISITS

General visiting times in the ICU are

- from 12.00 to 13.00
- from 18.00 to 19.00

Nevertheless if you need more flexibility than this gives you, you may be able to agree other times with the nursing staff, based on the state of the patient, his need for rest, how the patient feels about it, the needs of the family and the functioning of the service. The agreed times may be changed at any time given the requirements of the nursing staff and always on the decisions of the professionals.

When you visit your relative outside those hours, you must always ring the bell and let the staff know before you come in.

We recommend two family visitors at a time at each bedside, but more family members may enter if the nurse in charge agrees. Family members may swap over within the visiting hours, making the exchange outside the ward.

We would ask you to keep your voices down and limit the level of sound in the ward to avoid disturbing other patients.

As an important measure to prevent infections it is vital that you remember to **WASH YOUR HANDS WITH THE ANTISEPTIC GEL BEFORE ENTERING AND LEAVING THE BAY.**



Should the family need to take any further precautions the nurse will tell you what to do.

CHILDREN VISITING THE ICU

Children are not forbidden to visit the ICU, but we would suggest it is not recommended for those under 12 years of age. Nevertheless, please take into account that:

- The decision to allow a child to visit the ICU is down to the parents or guardians, together with the medical staff.
- The child may enter, always accompanied by an adult who will do everything necessary to make sure the visit passes satisfactorily.

❖ WE NEED YOU TO BRING

- A toilet bag for the personal hygiene of your patient, which should contain:
 - a tooth brush and toothpaste,
 - a hair brush,
 - other personal items used by the patient in the bathroom.

❖ INFORMATION

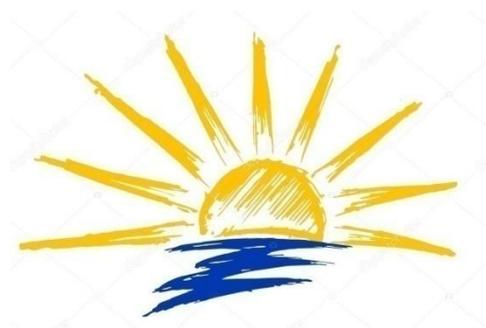
Helpful information will be available during visiting times, between 12.00 and 13.00

Medical information will be given by the medical team responsible for the patient from Monday to Friday, and by the locum doctor on festival days and weekends. This information will be given to the visitors most closely connected with the patient, and it is their responsibility to pass it to the rest of the family if they decide to do so.

In her turn the nurse will tell you about the care and needs of the patient.

For the purpose of maintaining confidentiality, no information will be given by telephone, unless this has previously been agreed with the care team. Should there be an important change in the state of the patient this method will, however, be used to let you know, which is why we ask for a contact telephone number when the patient is admitted.

For the purpose of carrying out certain procedures, tests, surgery or transfusions, we ask that you provide a signed consent form (in the case where the patient is not able to sign for himself or understand what we are explaining to him). Not included in this kind of consent are operations and procedures which must be carried out urgently and which make it necessary to go ahead without the consent of the family.



6. RULES FOR VISITORS

Before and after having any contact with your relation, you must wash your hands to avoid passing infections. At the side of every bay you will find a dispenser of the alcohol based handwash for disinfecting your hands.

If you have a runny nose or other infection do not forget to tell the staff, who will tell you what precautions you must take.

If your relative is in isolation you must obey the rules for such isolation. The staff will supply you with the resources and information necessary. It is recommended that you reduce the number of visitors if the patient is in isolation

Out of respect for the privacy of the patients please stay by the side of your own family member. Minimise the number of times you enter and leave the unit. If you need anything please tell the nursing staff.

Avoid speaking in a loud voice, out of respect for the other families.

You are not allowed to bring in food and drink, except with the express consent of the staff.

❖ USE OF MOBILE DEVICES AND PHOTOGRAPHY

Keep your mobile muted at all times.

If you want to talk on your mobile, do it outside the unit.

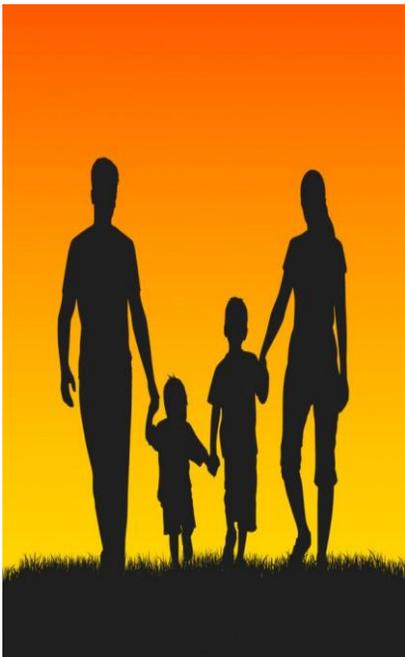
In order to ensure patient privacy and the proper functioning of health services and facilities, we inform you that taking pictures and recording videos with any devices is prohibited in this centre according to the regulation of the right to own image, by law 5/1982 of 5 May, about the right to honour, personal and family intimacy and to own image.

Moreover, these regulations are based on Law 14/1986 of 25 April, General Health Act: Charter of rights and duties of citizens in relation to health and health care. 3) duties relating to access to the health system, the duty to use health facilities and services in a responsible manner, as well as to respect the scheduled hours and standards of the centres where they are served and 4) rights related to privacy and confidentiality.

7. TRANSFERS

- ❖ During his stay in ICU, your patient may be moved to departments where diagnostic tests can be carried out, to the operating theatre, and to our senior hospital (Hospital Dr Negrin). At all times he will be accompanied by a Doctor and a Nurse.

In the case where your relative has to be transferred to another hospital ask if there is the right to a paid ticket for an accompanying adult, and expenses for your stay on another island. The supervisor of the ICU on the morning shift, or the duty supervisor in the afternoons and nights will let you know what to do if you are entitled to this help.



8. RESOURCES

❖ RECEIPTS AND REPORTS

If you need confirmation of the admission of your family member, or any clinical report, you should apply to the secretary of the Intensive Medical Service, which is on the second floor (going up the staircase from the main entrance). Their opening hours are Monday to Friday 08.00 to 15.00.

According to the Organic Law 15/1999 on December 13th, for the protection of personal data, the data will be used only for the medical/health purposes required by the patient.

❖ SOCIAL SECURITY UNIT.

The hospital has a worker from the Social Security office who will help you in case you need help finding out about social resources.

❖ SERVICE OF ATTENTION TO THE PATIENT.

You may access this service if you have any claims, complaints or suggestions.

9. DOCUMENTATION

If the patient is in Lanzarote temporarily, he will be asked to produce his European Health Insurance Card (EHIC) and his personal documentation. If the patient has travel insurance, we recommend that you contact the insurance company as soon as possible, so that they know from the first moment that the insured has a health problem.

10. I HAVE A FAMILY MEMBER ADMITTED TO ICU – WHAT ABOUT ME?

The family is a system composed of people who have a common history, and deeply tied together by that history. When a one of their members is in trouble, this reflects negatively on the others. It alters the structure of the family, its daily routine and it's normal functioning.

This imbalance in the family dynamic, together with not knowing what to do or what is going to happen to the family can put the members into shock (not knowing what to do or how to react), denial (believing that what has happened cannot be true), anger, worry, hope, blame, anxiety and fear.

For this reason we, the team who work in the ICU, constantly offer quality support to the patient, but we also worry about you, and try to reduce any worries you may have , to help you to get through this situation in the best way you can.

❖ WHAT CAN I DO TO HELP MYSELF?

Rest is important.

- When you are tired you are more inclined to be nervous, to see things pessimistically, to find it hard to resolve problems, and to feel more pain or make chronic illnesses such as diabetes worse. It is also more difficult to make decisions, and to help your family member to get better.

Therefore it is important to take some time for yourself to switch off, and to sleep sufficiently to feel rested.

- It is possible that given the worries that you have at this time you find it difficult to sleep, and for help with this you could consult the web page of the Virtual Nurse: [https://www.infermeravirtual.com/esp/actividades de la vida diaria/reposar y dormir](https://www.infermeravirtual.com/esp/actividades-de-la-vida-diaria/reposar-y-dormir) where you will find practical advice.

A balanced diet

- Keep to a balanced diet to help you feel stronger. Avoid living on sandwiches, precooked meals, and the abuse of stimulating or fizzy drinks such as coffee or soft drinks.
- Take time to eat, and eat fruit and vegetables every day.

Don't leave yourself in doubt: always ask what you want to know.

- Depending on what you are dealing with, (but especially when it comes to the diagnosis, prognosis and treatment of the illness of a family member) the Doctor is the medical professional who should reply to your questions. Alternatively, if you need any other kind of information, the nurses can explain things to you.
- Do not be afraid to ask. It is normal to have doubts or need explanations on certain subjects. And it is important that you understand everything to be able to take decisions more easily.

11. CHARTER OF RIGHTS AND RESPONSABILITIES OF PATIENTS AND USERS OF THE CANARIAN HEALTH SERVICE.

RIGHTS

- 1. To **respect** for his identity, human dignity and privacy, to free will and to non-discrimination.
- 2. To complete and continuous **information** about his health matters (diagnosis, prognosis and alternative means of treatment), in terms which he can understand, or where necessary, can be understood by the person legally responsible for him, and respect for his decision not to be informed.
- 3. To **access**, within the boundaries set by the Law, the documentation comprising his medical history, to be provided with a copy of his clinical history and for health centres to have active mechanisms in place to keep those clinical histories secure.
- 4. To the **confidentiality** of all information regarding their health treatment and their time spent in any Canarian health centre.
- 5. To have available to him, in all health centres and establishments, a **Charter of Rights and Responsibilities** governing his relationship with such centres, and be able to register **suggestions and complaints**, and to receive a written reply within the stated time limit.
- 6. To **participate** in health activities through community institutions as established by the Law.
- 7. To sufficient, understandable and adequate **information** regarding factors, situations and caused of risk to both individual and collective health, regarding the services, care units and health services, and the requirements for use of them.
- 8. To be issued with **certification** of their state of health, which will be free when required by law or by some regulation.
- 9. To health **promotion and education**.
- 10. To **health benefits and services**, commensurate with the resources available through the Canarian Health Service.
- 11. To obtain the **medicines and medical devices** deemed necessary under the terms established by the General State Administration.
- 12. To equal **rights of access** to the Health Service
- To free **choice of General Practitioner**, paediatrician (up to age 14), obstetrician and psychiatrist, from among those who are practicing in the basic Health Zone or in the Municipality where he lives.

>>>>>>>>>>

CHARTER OF RIGHTS AND RESPONSABILITIES OF PATIENTS AND USERS OF THE CANARIAN HEALTH SERVICE.

RIGHTS

- 14. To **choose**, having been provided with the information, between the services and centres which comprise the Canarian Health Service, or where appropriate of the network of public hospitals according to the following principles: best use of public resources, availability at any time of the means and resources of the Canarian Health Service, efficient and effective use of health resources, and the guarantee of quality of care.
- 15. The assignation and identification of a **physician** (and a substitute in case of absence) who will be take responsibility for the relationship with the care team during the process including admission and guarantee his rights to information.
- 16. To be told and to authorise in advance and in writing any procedures which will be used in **an educational or investigative project**, which will in no case pose any additional threat to his health.
- 17. To **freedom of choice** between the available clinical options, having been fully informed and given the previous and specific permission of the patient for any intervention except in those situations established in Law.
- 18. To **refuse any treatment**, except in those situations established in Law, and being obliged for this reason to sign voluntary discharge papers.
- 19. To **revoke** any prior written consent.
- 20. To have **written evidence** or adequate technical support of all his treatment and to receive discharge papers at the end of his stay in a hospital.
- 21. To information regarding the **cost** of his stay and treatment received.
- 22. To a **second opinion**, in accordance with current regulations.
- 23. To **special and preferential programmes and treatment** for children, the elderly, the mentally ill, those with chronic and disabling illness, and those belonging to specific groups recognised as being at risk.
- 24. To specific rights for those suffering from a **mental illness** a) when a patient admitted at his own request loses his full range of faculties, the director of the treatment centre must request authorisation from the Court, and the necessity for admission must be re-examined regularly. b) involuntary sectioned admissions may only be made in accordance with the regulations in force.
- 25. To express in writing his **prior instructions** regarding his health care and treatment, or in the event of death, the disposition of his organs and remains.

CHARTER OF RIGHTS AND RESPONSABILITIES OF PATIENTS AND USERS OF THE CANARIAN HEALTH SERVICE.

RESPONSABILITIES

- He is responsible for **complying** with prescriptions and health instructions as established by Law.
- He is responsible for tolerance and **collaboration** to bring about the success of the health measures taken or the prevention of risk, protection of the health or the fight against threats to public health, especially at a time of need
- He is responsible for **obeying the rules** of use, care and enjoyment of the installations, services and benefits of the Canarian Health Service He is responsible for respecting the **personal and professional dignity** of those who offer their services to the Canarian Health Service. He is responsible for observing the **rules and the truthfulness** of his use of the resources and benefits of the system (sick leave, incapacity for work, therapeutic and social assistance ...)
- He is responsible, as a patient, for **observing the prescribed treatment**, or to sign, should he reject the advice of the health professionals, the voluntary discharge document; should he refuse, at the request of the responsible doctor, the Centre's management may apply a forced discharge.
- He is responsible for **giving information** regarding his physical condition or his health in a true and fair manner, and to collaborate in supplying it.



Project "The friendly ICU"

The project "The Friendly UCI, a people centred remodelling" has been put together by nurses in the Intensive Care Unit of the Dr José Molina Orosa Hospital, and approved by the Management Commission in October 2018. The principal objectives of this project are:

- To improve the attention we give in the ICU to the patient and his family by means of an integrated focus on all their personal needs, teaching our professionals and organising our installations to make them more "friendly".
- To make the care we give to each patient and their family more individual, concentrating on their dignity, communication and respect.

This booklet of information for the family is included in this project. It is adapted from:

Ide la Cueva-Ariza, L. (coord.) Guía de información de los familiares. Unidad de Cuidados Intensivos (Internet), Barcelona, 2017. ISBN 978-84-697-4108-5

Adapted by: Álvarez García, Cristina; Gómez Fernández, Penélope; González Velasco, Paloma; Machín Rojas, Yasmina, nurses in the Intensive Care Unit of the Dr José Molina Orosa (Lanzarote)

Translated by Angela Webster 4/5/19

