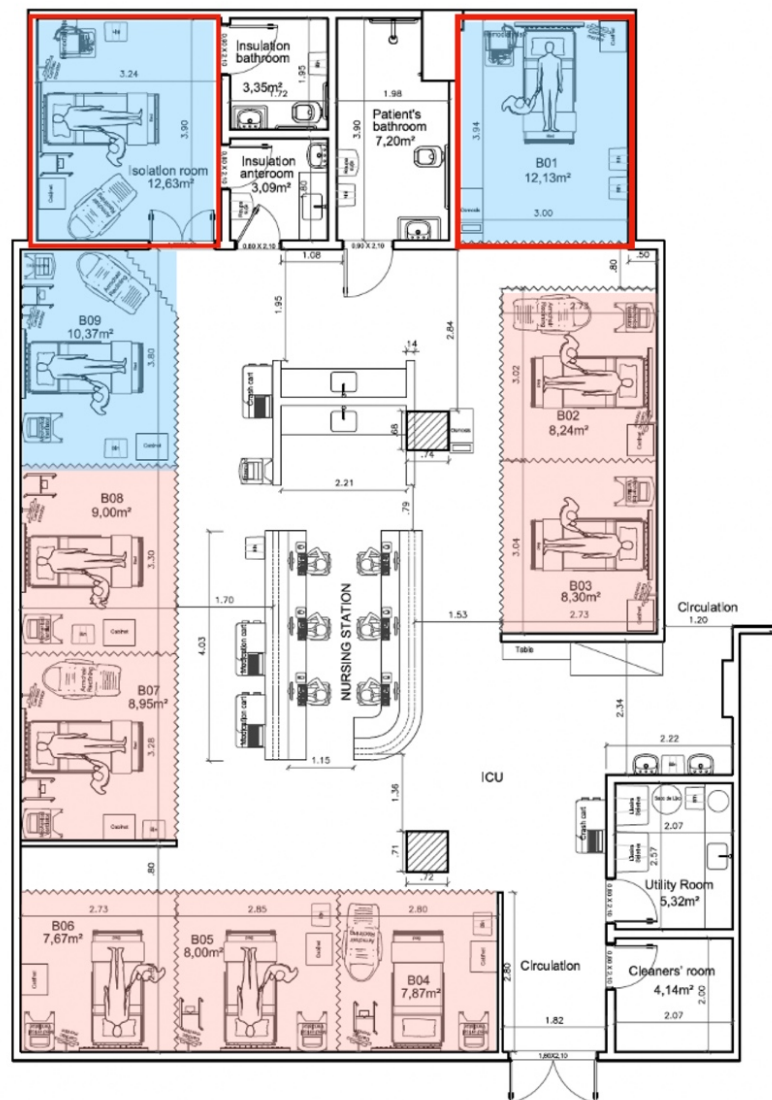


Minimum requirements for the design of Brazilian intensive care units: is it time for a change?

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ICU - intensive care unit.

Figure 1S - Example of a floor plan of a Brazilian public intensive care unit (patient care area only).

Positive aspects: This is a representation of an open-bay intensive care unit with high visibility of most beds, with only B01 and B10, the isolation room, having low-visibility (red squares). Nursing station is centrally located, allowing a broad view of the unit, which facilitates monitoring of highly unstable patients and helps identify healthcare professionals who are in need of help during patient care.

Negative aspects: the seven rooms have undersized workspace areas for *Resolução da Diretoria Colegiada* (RDC) standards (shaded red), with the remaining three being undersized under international standards (shaded blue), with areas ranging from 7.7m² to 12.6m². This adds difficulty to the care of a critically ill patient in need of multiple organ support, decreasing the safety of both patients and health care professionals. The presence of a recliner for family members further decreases the patient and caregiver zones. The reduced workspace area together with the open bay intensive care unit plan result in a decrease of patients' and family members' privacy. There are no windows, which means that there is no access to daylight or external view.



Figure 2S - Intensive care unit lighting.

A) Example of natural daylight illumination through a large lateral window in an intensive care unit outside of Brazil. B) Windowless intensive care units are still very common in Brazil. C) Overhead on/off light-emitting diode luminaires (cool white – 6500Kelvin) are frequently the only source of light in Brazilian intensive care units.