

Information Leaflet

Intensive Care Unit

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Intensive Care Unit

Introduction

This leaflet aims to give simple, practical information to people whose relatives are admitted to the Intensive Care Unit at St Peter's hospital.

You may hear the Intensive Care Unit (ICU) occasionally referred to as the Critical Care Unit. Our unit cares for a spectrum of patients from those requiring initial close monitoring following complex surgery through to those patients requiring support for life threatening conditions.

This book explains what happens in Intensive Care and is designed to supplement the information you will be given by our unit nursing and medical staff. Please do not be afraid to ask questions - we will be happy to help you.

At the back of this book there are details for organisations you may wish to contact. Some of the organisations may be useful now, while others may be useful in future weeks.

What is an Intensive Care Unit?

Patients whose conditions are life-threatening either through serious injury or illness need constant, close monitoring. They often need equipment and medicines to support normal body functions. This care is provided in our Intensive Care Unit (ICU). ICUs are run by senior doctors and there are more nurses for each patient than in an ordinary ward.

Some hospitals have specialist departments for people with particular problems. Occasionally it is necessary to move a patient to a unit in another hospital to provide this specialist care.

The length of time a patient stays in an ICU depends on the extent of their illness or injuries. Most patients will recover fairly quickly; others may remain in the ICU for weeks. Regrettably recovery is not possible in all cases and sometimes a patient dies.

What happens when a patient is taken to an ICU?

When a patient is brought to an ICU it can take more than an hour for the doctors and nurses to assess the patient's condition make them as comfortable as possible and attach them to the necessary equipment.

It is normal to have to wait during this time. This can be frustrating but it is important that the ICU staff stabilise the patient's condition. A member of staff will explain what is happening as soon as possible.

Visiting our Intensive Care Unit

What does our ICU look like?

The ICU at St Peter's has nine beds, three of which are in separate cubicles. ICUs do not have separate male and female sections but every effort will be made to ensure that privacy and dignity are maintained.

Entering our ICU

On arrival at the main door of the ICU you will have to press a buzzer (situated to the right hand side of the door) and speak to a member of staff on an intercom to gain entry to the ICU. You will be asked to name yourself and the patient that you are visiting and will be directed either straight into the unit or asked to wait in the Relatives Room.

Infection control

When you enter the ICU you will need to wash your hands and wear a disposable plastic apron to prevent the spread of germs. On leaving the unit, you will be asked to remove your apron and disinfect your hands with alcohol gel.

Will I recognise my relative?

Your relative may look very different from the last time you saw them. Their bodies may be bruised or swollen if they have suffered injuries. They may be attached to lots of equipment. The doctors and nurses will be able to tell you what to expect.

Can I touch my relative?

Tubes and wires often surround a patient in an ICU. It is usually possible to touch your relative but it is sensible to check with a nurse first.

Can I talk to my relative?

Patients in ICUs are often unconscious, at least during the early part of their treatment. This is often because they are being given drugs to make them sleepy and comfortable.

A patient may be able to hear even if they cannot respond. Nursing and medical staff will talk to unconscious patients and tell them what is happening. Feel free to talk to your relative and let them know that you are there.

It is normal to feel upset at seeing someone you love in an ICU. It is understandable if you find it hard to cope. The staff are there to answer any questions you may have. You may find it helpful to have someone with you.

What does all the equipment do?

Equipment that supports a patient's normal body functions (life support):

Breathing equipment

A ventilator is a machine that assists a patient's breathing. A tube is inserted through either the patient's nose or mouth and into the windpipe. The tube, which is known as an endotracheal tube (ET tube) is connected to a machine that blows air and extra oxygen in and out of the lungs. The machine can 'breathe' completely for a patient or it can be set to assist a patient's breathing. The support given from the ventilator can be gradually reduced when the patient's condition improves. This is described as weaning.

If a patient is likely to remain on a ventilator for more than a few days, the endotracheal tube in their mouth is sometimes replaced with a tracheostomy tube. In this case, an operation is carried out to insert a tube into a hole which is made in the neck. Although this can look rather strange, it is actually quite comfortable for the patient compared with having a tube in their mouth. A patient will not usually be able to use their voice while the tracheostomy is in place.

Most patients in an ICU require extra oxygen. This may be given through the ventilator or by a mask over the nose and mouth. The mask can be removed for brief periods.

Equipment for fluids

Patients are attached to drips which allow liquids to be passed through tubes into veins, usually in the side of the neck, arm or hand. There are various substances commonly used in drips e.g. blood, drugs, fluids and food. Tubes which drain waste fluid from different areas of the body can also often be seen around a patient.

Equipment for monitoring blood pressure

Patients often have a small tube called an arterial line inserted into an artery, usually in the wrist. This monitors blood pressure continuously.

Try to be patient; it may seem that you spend a lot of time waiting to see your relative while the nursing and medical staff, attend to them. The staff will let you be with your relative as much as possible.

Who are the staff in our Intensive Care Unit?

Staff in our ICU work as a team to care for patients. It is likely that you will meet many of the staff who look after your relative as the days go by.

Doctors

The most senior doctors in our ICU are the Consultant Intensivists specialised in critical care medicine. Our Intensive Care Unit is run by the Consultant Intensivists with other specialist doctors visiting the ICU to advise on particular aspects of patient care, as required.

Consultants are assisted by other doctors who are at various stages of their training and specialist careers.

A doctor will always be available to ensure that any change in a patient's condition is treated appropriately.

Nurses

The senior nurse who co-ordinates the care in an ICU is called a Sister if female, or a Charge Nurse if male. The nurses who look after individual patients' needs are called Staff Nurses. Sometimes there may be Student Nurses on the unit who work under close supervision.

The Ward Clerk is often the first point of contact when you visit the ICU who will show you where our Relatives Room and facilities are located.

Physiotherapists

A team of physiotherapists work on ITU every day where they have three main areas of expertise.

- **Chest clearance**

Patients on a ventilator are at risk from chest infections as they are less able to clear secretions from their lungs. The physiotherapist will assess each patient's chest daily and help them to clear secretions if necessary.

- **Weaning from the ventilator**

The physiotherapist will assist with a weaning programme, aiming to strengthen the patient's breathing muscles so that they gradually get strong enough to breathe for themselves.

- **Rehabilitation**

Many patients who are unwell for more than a few days can become very weak. The physiotherapist will assist these patients with a programme of exercises to loosen up stiff joints and strengthen all their muscles. The patient will be assisted to sit out of bed, stand and even walk as soon as they are able. Your relative may require further rehabilitation and their needs and progress will be regularly reviewed as part of our specialised rehabilitation pathway.

Patients in ICUs are very ill and their condition may change quickly. Information you receive may sound different on a daily basis. You may find it helpful to speak to a doctor or nurse and tell them if you are confused, or do not understand.

Drugs used in an Intensive Care Unit

Drugs are an essential part of the care provided in an ICU. The amount and type of drugs given to a patient will vary according to their condition and progress. ICU staff will explain your relative's individual needs.

Drugs to stop the pain

The types of painkillers used in an ICU are powerful. They can make a conscious patient drowsy, but they are effective in pain relief and can reduce patient anxiety.

Drugs to keep a patient rested

Sedatives are used to keep a patient in a deep sleep or in smaller doses to keep a conscious patient calm. This makes them more tolerant of the tubes and equipment attached to them. Some sedatives cause patients to lose their short-term memory temporarily. Patients will often not remember periods of their stay on ICU.

Drugs to keep a patient still

Sometimes additional drugs are given to a sedated patient to stop any muscle movement and allow them to be attached more comfortably to breathing equipment. These drugs make a sedated patient seem unresponsive because the drugs prevent them from making facial expressions or moving their hands.

Drugs to help a patient's heart work more effectively

Inotropes are a group of powerful drugs that help to make the heart work more effectively. They also maintain a patient's blood pressure.

Consent

When a patient is conscious in ICU they can agree to an investigation or treatment as part of their care. However, many patients in ICU are unconscious and unable to consent to certain forms of treatment.

The final responsibility for determining whether a procedure is in an incapacitated patient's best interest lies with the health professional performing the procedure. However, we recognise that it is good practice to consult with those close to the patient, unless the urgency of their situation prevents this.

During times of stress it is easy to forget things. You may find it helpful to write down questions that you want to ask the doctors or nurses. It can be helpful to have someone with you to remind you what was said.

Practicalities when visiting ICU

When can I visit?

Visiting hours are normally flexible for family and close friends. For safety reasons we usually restrict the number of visitors around a patient to two at the bedside at any one time.

The best time for routine visiting is often the afternoon or early evening. Doctors' rounds and procedures such as x-rays are often carried out in the morning so you may be asked to leave your relative's bedside temporarily. We have a patient rest period every day from 12.00-14.30 as too many visitors can be tiring for critically ill patients.

Children

In the past, many hospitals felt that an ICU was an unsuitable place for children to visit. We now think that it might be more upsetting for a child not to be allowed in. It is best to talk to the ICU staff to decide what is best for children in your care.

Telephoning the ICU

Naturally, relatives and friends will want to know your relative's progress. It is helpful if only one person telephones the ICU for a daily update and then informs those concerned. This may not be possible in every situation but it does assist staff by saving them time which could otherwise be devoted to patient care. Detailed medical information is not normally given over the telephone.

Flowers and plants are not allowed in our ICU as they can be a hazard to patients and electrical equipment and are an infection risk.

Car parking

There is Pay and Display parking for the public and patients (If required, weekly tickets are available from the ticket machine)

- In front of the Outpatient Department (two areas)
- Next to the Duchess of Kent Wing
- Alongside the Accident Centre
- Next to Abbey Wing

What kind of facilities will the hospital have for visitors?

Please ask the ICU staff about toilets, telephones and refreshment facilities. This is a non-smoking hospital. It may be useful to have some change for a payphone. Please do not use mobile phones inside the ICU, these may be used in the designated areas signposted around the hospital.

The nearest cafeteria to the ICU is located in the main foyer of the hospital and has restricted opening times. If you are spending long periods of time at the hospital you may want to have some refreshments with you. Perhaps a friend can bring something in for you, such as sandwiches or a flask of soup. It is important to keep up your strength.

Aspects restaurant

Serving hot meals, sandwiches, a selection of salads, snacks and confectionery

- Open daily 7.00 am to 7.45 pm

Retreat Cafe

Situated in the main foyer, serving tea, coffee, sandwiches and a range of hot snacks

- Mon to Fri 7.30 am to 7.00 pm

W.H. Smith

Situated in the main foyer, selling cold drinks, sandwiches, snacks, confectionery, newspapers and other essential items.

- Mon to Fri 08.00 am to 7.00 pm
- Saturday & Sunday 1.00 pm to 4.00 pm
(Except Bank Holidays)

Visiting an ICU can be very tiring. It is understandable to be worried about your relative but it is important to take care of yourself. Try to get rest as often as you can and attempt to sleep during the night not the day. Remember to eat sensibly as you will need your strength

Does a patient need any personal items in ICU?

Although space for personal items is very limited, you may be asked to bring in some basic toiletries for your relative. A nurse will tell you what is required but items may include toothpaste and toothbrush, shaving kit, liquid soap and hairbrush/comb. You may wish to include some aftershave or scent to dab on their skin. Items such as a CD of their favourite music, MP3 player or photos of their loved ones may be a comfort to them.

Awake patients may require personal items such as reading glasses, dentures or hearing aids.

Talking to others

Fear of the unknown can cause worry. Do not be afraid to ask the staff questions if something is bothering you. They may be busy but they will always find time to talk to you.

It can be helpful to have someone to talk to about what you are going through. Friends and family can be a valuable source of support at this time. The hospital Chaplain can visit you if you wish or you may prefer to talk to a representative of another faith. The hospital Chaplain can provide support to people of any faith or no faith.

Waiting for a relative to recover

It is natural for family and friends of a seriously ill person to ask nursing and medical staff: 'What are their chances?' It is not always possible for doctors and nurses to know what is going to happen.

A very ill patient may improve or deteriorate quickly. Sometimes the health of a patient whose life is at risk can see-saw. In this situation medical staff may refer to a patient's condition as 'critical' or they may talk of a patient's chances of survival.

Each patient is different so it is not possible to generalise. The doctors will give you as much information as they can.

As patients in an ICU are often very weak, it is possible for serious complications such as organ failure or infections to develop in addition to their original problems.

If your relative is in an ICU for a long time, you may find visiting becomes harder. It is common to feel helpless at this time. You could pass the time by reading to your relative, perhaps extracts from a favourite book or a newspaper.

You may wish to ask if you can help care for your relative, perhaps by combing their hair or washing their face. Many people find it helps to do something positive at such a difficult time.

If a patient dies

Sadly, sometimes a patient is not able to survive their illness or injuries. Doctors are usually able to warn those concerned that their relative may die but sometimes there may be little warning.

ICU staff should be able to answer any questions you may have about your relative's condition before they died and their medical care. If there is anything unclear about the cause of your relative's death, you can ask to meet the Consultant in charge of the ICU.

If you wish, you should be able to spend time with your relative's body when they have died. Nursing staff will be able to advise you on any formalities that are required at this time.

Bereavement is a shattering experience. The death of someone close can leave feelings of numbness, tiredness and helplessness as well as deep sadness. Coming to terms with your loss can be a long process and it is perfectly natural for it to take time. Family and friends can be a great source of support but you may also wish to contact one of the organisations listed at the end of this book.

Brain stem death

It may be possible for a patient who has died to become an organ donor. Organ donation is frequently an option if a patient, who is on a ventilator, is pronounced dead as a result of brain-stem death.

The decision to stop ventilation is made by the Consultant, but only once this has been explained to close family and friends.

It may also be possible for body tissues to be donated within 24 hours of death. Some people find that organ or tissue donation is something positive that can be gained from a terrible situation, particularly if they know it is what their relative wanted. The ICU staff can talk to you about the possibilities of donation.

Transfer of recovering patients

Patients are usually transferred from an ICU when they are able to breathe on their own and no longer need the other specialist skills of the ICU team.

Where the patient is moved will depend on the nature of their illness or injuries. Most patients are transferred to a ward within the hospital. Some patients will require further specialist help to assist their recovery. For example, if a patient has a serious head injury or a spinal injury, they may be transferred to a unit which is equipped to deal with their particular needs.

There will be fewer nurses, procedures and less equipment on a ward compared with an ICU because a patient does not require them any longer. The more "normal" atmosphere is an important step towards recovery and rehabilitation.

Talk to the nursing and medical staff if you or your relative are worried about the transfer.

Critical Care Outreach Team

We have a team of ICU doctors and nurses called the Outreach Team who visit patients on the hospital wards after they have been discharged from the ICU. Outreach staff work with the nursing and medical staff on the ward to aid a patient's recovery.

Patients often do not remember being in an ICU. Sometimes all the tubes and machinery, unfamiliar surroundings and the actual illness/injuries they have suffered can cause a patient to feel agitated and confused. The Outreach Team may be able to alleviate patient's worries by spending time with talking through and explaining what happened during the patient's stay in ICU. You can also help by trying to be calm and reminding them of things which are familiar to them.

We also run a Follow-up Clinic after hospital discharge, which offers appointments to patients that were ventilated for five or more days, to monitor their condition and allow them to discuss any ongoing problems related to their ICU stay.

Sources of help

A sudden illness, injury, or death of a relative can be emotionally and physically draining.

The **Trauma After-Care Trust** (TACT) holds lists of professional carers that specialise in helping people who have been through a traumatic event. To find a specialist in your area, you or your GP can telephone TACT on 01242 890306 or write to; Buttfields, The Farthings, Withington, Glos. GL54 4DF. Care can be free if your GP refers you.

If you need someone to talk to straight away, you can call **The Samaritans** on 0345 909090. The Samaritans is a counselling line open 24 hours a day for anyone in need. It is manned by trained volunteers who will listen sympathetically.

You may wish to contact a local organisation which can offer support. Ask the nursing staff, social worker or Chaplain for information.

British Heart Foundation (BHF), 14 Fitzhardinge Street, London W1H 4DH. Tel: 020 7935 0185. Website: www.bhf.org.uk. Contact them for details of a range of leaflets, booklets and videos. The BHF has a network of support groups for patients and families affected by heart problems.

British Lung Foundation, 78 Hatton Garden, London EC1N 8LD. Write to them for information on their Breath Easy support groups which are for anyone with lung problems.

Chest, Heart and Stoke Association (Scotland) 65 North Castle Street, Edinburgh. Tel: 0131-225 6963. Advice Line: 0845 077 6000 (Mon-Fri 9.30-12.30 and 1.30-4.00). Trained nurses offer confidential information and advice.

The Stroke Association, Central Advisory Service, Stroke House, Whitecross Street, London EC1Y 8JJ. Tel: 020 7566 0330 (Mon-Fri 10.00-4.00). Website: www.stroke.org.uk. Provides support and information on the publications and community services available to individuals and families affected by a stroke.

If your relative has died

TACT can help people who have suffered a **traumatic bereavement**. TACT on 01242 890306 or write to; Buttfields, The Farthings, Withington, Glos. GL54 4DF. Care can be free if your GP refers you.

Cruse is a national charity offering free support to anyone who has been bereaved. Cruse volunteers, who live locally and are trained, can visit you in your home or talk to you over the phone. To find out the name and number of your nearest Cruse branch, look in your phone book or telephone Cruse Bereavement Care on 020 8940 4818 or write to Cruse at 126 Sheen Road, Richmond, Surrey, TW9 1UR.

The Compassionate Friends is a self-help group run by parents who have lost a child. They can be contacted at 53 North Street, Bristol BS3 1EN. Tel: 0117 953 9639.

BrakeCare is a division of Brake, an independent road safety organisation. There are other booklets which provide information for people bereaved and affected by road death and injury. These include: 'Coping with grief when someone you love is killed on the road' and 'Procedures following a death on the road in England and Wales. For free copies, telephone BrakeCare on 01306 741113 or you can write to Brake, PO Box 272, Dorking, RH4 4FR. Website: www.brake.org.uk.

The National Association of Bereavement Services can tell you if there is an organisation which suits your needs. Telephone the helpline on 020 7247 1080 or write to 20 Norton Folgate, London E1 6DB.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you remain concerned, PALS can also advise upon how to make a formal complaint.

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We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.

To use the Text Relay service, prefix all numbers with 18001.

اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید۔

ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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