

Please feel free to complete this QR code survey about your critical care experience, whether you are a patient, relative or visitor to the unit. If you need help completing the survey, please ask a member of staff who will be more than happy to help.



If you wish to contact the Critical Care Matron or Ward Manager, please phone 01704 704 218 and you will given contact information.

Call For Concern©

Are you concerned about your own or a patient's clinical condition?

Call for Concern is a patient safety initiative.

Ask staff for a leaflet or contact the

Critical Care Outreach Team on

0758 436 7564



Southport Hospital
Town Lane,
Kew,
Southport,
Merseyside,
PR8 6PN
Telephone:
01704 547 471

Ormskirk Hospital
Dicconson Way,
Wigan Road,
Ormskirk,
Lancashire,
L39 2AZ
Telephone:
01695 577 111

Critical Care Services

Patient information

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتيسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

Welcome

This booklet has been given to you to help you understand your recovery journey following your stay on the Critical Care Unit. Please remember that this is just a guide and that each person is different and may experience all, some or none of the things mentioned in this booklet; there is no set pattern for recovery.

Information

Our Matron is available:
Monday-Friday 09:00-17:00,

If you have any concerns, you can discuss these with our Ward Manager by phoning the unit on 01704 704 218

We also have our own website:
www.lhnnhs.info/icuknowledge

or just search ICU knowledge Southport.

The website has a lot of information and some great resources, you can also take a virtual tour of our facilities.

Step-down care

This is a term used by doctors and nurses when a patient who has been looked after in Critical Care and has been assessed as medically fit to go to a general ward. Although you have recovered sufficiently not to need Critical Care, you still need observation for a further period of time before being discharged home.

Where can I get help?

ICUsteps Southport is a group for people that have experienced critical illness and had a stay in Critical Care. The group is run by medical professionals and volunteers that have experienced critical illness.

The group meets once a month at the Salvation Army building in Southport.



For more details call 01704 705 059 or find ICUsteps Southport in the support group section of www.icusteps.org

Or Google ICUsteps Southport for a direct link to our page on the site. ICUsteps is a charity for individuals that have had a stay in critical care and they have information and resources on their website.

Critical Care Follow-up Clinic:

Patients are followed up by the Critical Care Outreach Team when discharged to the ward.

Patients that have spent three days or more on the Critical Care Unit will also be invited to a follow-up appointment once they have been discharged.

Diaries

Some patients are also offered a diary which critical care staff and your relatives are invited to write in. This records some of the day to day events you may have missed if you have been sedated or too poorly to remember what has happened to you.

The diaries do not contain in depth medical information but are a simple tool to help you fill in some blanks and help you understand what has happened to you.

If a diary has been started for you, you will receive the diary at the Outreach follow up clinic a few weeks after you have been discharged home.

Going to the Ward

Transferring to the ward is a big step and you may be a little apprehensive about it. It is quite normal to feel this way but the decision to move you to the ward is based on the fact that your condition has changed and is the next step in your recovery journey towards going home.

You may be worried about leaving the Critical Care Unit and the people you have become used to caring for you. It is normal to feel this way, but the ward nurses are also there to help you.

You will also be seen by a member of the Outreach Team whilst on the ward, these are Critical Care nurses who work outside of the Critical Care Unit. If you have any concerns or wish to discuss your stay in Critical Care, then this is the ideal time to do so.

Remember this is a step nearer to going home.

Follow-up care

Now that you are recovering from the medical side of your care, the emphasis is on your rehabilitation, which has already commenced on Critical Care. This may take time depending on your medical condition, duration of stay on Critical Care, but also how well you were before this. There is no right or wrong length of time for recovery and you may have good days and not so good days. This is all part of the recovery process.

There may be many different members of the multidisciplinary team that are involved in your rehabilitation:

- Nursing staff.
- Medical staff.
- Outreach Team.
- Physiotherapist.
- Speech and Language Therapist.
- Occupational Health Therapist.
- Pain Management Team.
- Pharmacists.
- Dietician.
- Social Workers.
- Specialist Nurses.
- Mental Health Team.

Please remember that individuals may have very different needs so if you only have visits from the Outreach Nurse, this doesn't mean they are the only ones involved in your care.

Going home

On returning home, the first few weeks are often euphoric, but it is quite normal for this to fade. Or you may be worried as you no longer have the medical support that you had in the hospital.

When you have been critically ill, you may feel very tired and won't have much energy. It will take time before you feel well enough to cope with everyday life and many more months to get back to full strength. You will be getting stronger all the time as the weeks go by.

However, the better we get, the less we differ from our current situation to how we were before the illness/injury. You may begin to feel you are not making a quick enough recovery, but it may simply be the speed at which recovery occurs is less rapid.

If you are concerned about going home or if you live alone and feel there are things you won't be able to do, then please speak to the ward staff. They are there to help you.

Sexual problems

Many patients and partners are frightened to resume a sexual relationship for fear of harming themselves or their partner. Talking to each other about your concerns will help you and give you time and get used to being together again.

It is common for illness to reduce your sex drive initially, but as you become stronger normal feeling should return.

Some sexual problems may continue after critical care especially for men. Some men experience erectile problems and if this persists you should visit your GP.

Relationships

You, your family and friends will be delighted that you are getting better. However, sometimes this relief can make your family determined that nothing else will go wrong with you.

They may, therefore, and with good reason, become either over-protective or laugh and joke to minimise the worry they are feeling.

Remember they have been through a difficult time too.

Your breathing

Whilst you have been in Critical Care you may have needed help with you breathing and this may have meant you were on a ventilator (breathing machine), CPAP hood or mask or high flow oxygen. Some people who are on a ventilator may have required a tracheostomy. This is a small opening in the windpipe (trachea) so that a short tube can be placed to aid breathing. This is done for your comfort and allows you to be woken from your sedation and weaned off the ventilator.

When your condition has improved, a medical decision is made to remove the tracheostomy tube. You may feel apprehensive about this, but the staff are there to help and can inform you of everything that is happening and what to expect. Some people need a tracheostomy for longer and may be transferred to the ward with it still in place.

The CPAP hood/ mask or high flow oxygen are also breathing aids and as with the ventilator, these are weaned down/off as your condition allows. These can be a little uncomfortable and staff try to give patients breaks from them, but this does depend on your condition and oxygenation levels. If you have any questions, please do not hesitate to ask the staff. We are here to help you.

Breathlessness

You may experience periods of breathlessness not related to any kind of physical exertion, but from something as simple as talking. Remember you have had a period of immobility which may have interrupted the normal functions of your breathing. Some of you may have been in Critical Care for days, weeks or even months. You will, therefore, experience a host of things that you really haven't had or noticed before, so if you are concerned, please ask a member of staff.

Voice

Your voice may be huskier or weaker than normal, especially if you have been on a breathing machine. Your voice should improve overtime but if you are concerned, please speak to a member of the nursing team or Critical Care Physiotherapist.

Eating and Drinking

You may notice that there are some changes in your appetite and taste. These taste changes are usually only temporary, and we suggest that you eat the food you enjoy for the time being. Because you have had a period of inactivity your appetite may have been reduced but in time this should improve. Staff will monitor your intake and you may need some extra help for a little while and a visit from a dietician who will be able to advise you and prescribe supplements if needed.

Some people who are in Critical Care require a feeding tube. The feeding tube is in the nose and leads to the stomach allowing us to provide you with the nutrients you need. This may be necessary because you are unable to eat anything orally for a medical reason, or you are unable to eat enough to keep you well.

Mood changes & Anxiety

Experiencing periods of anxiety following a stay in Critical Care is normal. These can be feelings of fear, edginess and irritability and you may find it difficult to relax. Physical signs of anxiety are your heart racing, breathlessness and tingling in your hands and feet. If you experience any of these signs, please speak to a member staff or your doctor. Relaxation music, medication and counselling can be helpful or talking through these feelings with someone you feel comfortable with can be very helpful.

Many patients experience mood changes/ mood swings, and you may feel very irritable and emotional. This is a normal reaction and part of the process of accepting your illness. Again, talking to someone you're comfortable with can help. There will be good days and bad days: this is all part of the process of getting back to "normal".

You may find that even the smallest of tasks is a struggle and making a decision can be frustrating. This will become less of a problem in time. If you are concerned, please speak to a member of staff. Sometimes it helps just to share your concerns with someone.

Depression

When we are physically low it can also affect our mood and make us feel down and depressed. Many people first realise they feel low in mood when they no longer feel like eating, can't sleep, worry, and can't see any hope in getting better. If your low mood has persisted for a couple of weeks you should speak to a member of your health care team or your GP if you are now at home. It is important to be realistic in what to expect during your recovery. Setting short term goals is an ideal way of boosting how good you feel each time you achieve something different.

Delirium

Delirium is a name for acute confusion. You may experience this on your stay in Critical Care. A patient with delirium can hallucinate, which means they can see, hear, or feel things that don't exist outside their own mind.

Delirium can be caused by:

- Severe illness.
- Age.
- Sedative drugs.
- Pre-existing cognitive disorder.
- Reduced mobility or inactivity.
- Sensory impairment, dehydration or malnutrition.
- Metabolic derangements.
- Sleep deprivation or loss of day/ night routine.
- Infection.

As you can see from the above list critical care patients are very susceptible. Delirium is serious, and although patients recover, they can experience nightmares or vivid dreams for some time afterwards.

If you are unable to eat anything orally for a medical reason, or you are unable to eat enough to keep you well nourished, it is important that you drink plenty of fluids. If you still have a drip, this will stay until you are able to drink enough as well as being used for giving medications such as antibiotics. There are some medical conditions where you should not drink too much and there is a limit on how much you should have per hour or day. You will be advised if this is relevant to you.

Your Mouth

It is important to clean your teeth or dentures and mouth; if you have been sedated the staff do this for you. If you don't have your own toothbrush and paste this can be supplied by the staff. If you have a dry mouth the staff will give sponges, water and gel that can keep your mouth moist. Over time this will improve.

Skin & Hair

The texture of your skin and hair can change following critical illness and your skin tends to become much drier than before. Regular moisturising will help. Scabs and scars where drips have been will eventually heal and fade. It is also common for hair texture to change following critical illness and some people notice considerable hair loss. You may also have lost weight but exercise and a sensible diet will help restore your weight and shape, but it will take time.

Hearing

You may notice that your hearing has become more sensitive or that you find too much noise causes you to become anxious. You may suffer from slight hearing loss or experience dizzy spells; again discuss with the outreach team or doctor.

Toilet habits

Patients that have been very ill can experience a change in their bowel habits, such as periods of constipation or diarrhoea. This is quite common so do not be embarrassed to let the staff know and they can advise you. However, if it should continue for a prolonged period of time, do discuss your symptoms with your doctor.

Mobility

While you have been so poorly you will have lost some weight, your muscles may be weak and your joints stiff from resting in bed. This could last for several weeks or months but will improve as you increase your levels of activity again. Whilst in hospital you will be given advice from our Critical Care Physiotherapists, Ward Physiotherapists and Occupational Therapists.

Remember you will not be able to do everything all at once. It is better to gradually build up your levels a little at a time rather than doing too much too soon.

You may find small things that require dexterity difficult, such as writing, fastening buttons, or holding objects such as a knife and fork. This will improve as you gradually increase your levels of activity. General aches and pains are quite common after critical illness. This is your body readjusting itself and may continue for a while after you go home, but again this will gradually improve. It is normal to feel tired following illness so try to balance periods of rest and sleep with periods of activity.

Sleep

You may experience sleep difficulties. This is a common problem after serious illness and a stay in Intensive Care or High Dependency, but most people find that as their daytime activity increases, their sleep pattern also improves. Try not to worry about lack of sleep, as while it is unsettling, it is not harmful and will get better in time.

Nightmares

Some people have nightmares when they first leave Critical Care, and these may continue for some time. These may be very vivid and frightening, and you may experience hallucinations. This is quite common and are caused by a combination of illness, drugs, loss of day/ night cycle & delirium. If you continue to have problems, you can speak to a member of the Outreach team or your doctor.