

## Critical Care Patient Information

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# Information

If you need this information in large print, easy read, on audiotape or in another language please call 0800 7838058 or e-mail [pals@dchft.nhs.uk](mailto:pals@dchft.nhs.uk)

If you wish to obtain a list of the sources used to develop this information leaflet please call 0800 7838058 or e-mail [patient.info@dchft.nhs.uk](mailto:patient.info@dchft.nhs.uk)

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## Critical Care: Information for Visitors



This leaflet has been produced to provide you with information and practical advice. We hope this will help you when visiting your relative or friend in Critical Care (ITU/HDU).

### Admission to Critical Care

There are lots of reasons why patients need to be admitted to Critical Care. Some of these are as follows:

- As booked admissions, routinely admitted after surgery that has been complicated or lengthy
- After an accident or medical emergency
- Due to deterioration and/or lack of improvement or response to treatment on the ward

Patients are admitted so that we can closely monitor their condition and respond quickly to individual needs with the aid of specialist equipment and drugs. Upon admission, your relative will undergo a period of assessment and stabilisation. This can take some time to achieve and we will try to keep you informed at what can be an anxious time.

The machinery we use can appear alarming, however, it is there to closely monitor and treat your relative's condition and keep them safe.

Your relative will be attached to these machines via wires, tubes and drips. At a suitable time the nurse caring for your relative will be able to explain what they are for.

The unit can be noisy and some of the alarms on the equipment may be frightening. These are often just to inform us of a change in the patient's condition, rather than alerting us to an emergency situation.

## **Who will be caring for your relative/friend?**

### **Doctors**

In this unit your relative's overall care will be co-ordinated by the anaesthetists, who are specially trained doctors in Critical Care. Your relative will be continually monitored and assessed and prescribed treatment by the Anaesthetic Team. This unit is run by six consultant anaesthetists, in charge on a weekly rota system.

There is always an anaesthetic consultant assigned to Critical Care, 24 hours a day.

In addition, your relative will be assigned another consultant and their team of doctors. This consultant will have an area of expertise and will offer more specific advice within their speciality, e.g. Cardiac, Your relative may be under the care of more than one consultant, depending upon the reason for their admission.

### **Nurses**

Whilst your relative is in Critical Care they will be assigned a nurse to care for them on each shift. Sometimes this nurse will also be caring for another patient, depending on your relative's clinical condition and nursing care requirements. The nurses shift times are as follows:

- Early 07.30 – 15.30
- Late 12.00 – 20.00
- Long Day 07.30 – 20.00
- Night Shift 19.30 – 08.00

Please feel free to call the nurses by their first names. Our care extends to patient, relatives and friends and we try to create as relaxed an atmosphere as possible. The nurses will be able to update you and keep you informed of any changes to your relative's treatment and condition. Always feel free to ask questions if you have any queries or don't understand. If you wish to speak to a member of the medical staff, an appointment can be arranged by nursing staff for you.

## **Uniforms**

Uniforms worn in Critical Care are colour coded as follows:

- ITU Consultants – Emerald Green
- Senior Sisters – Navy
- Junior Sisters – Royal Blue
- Staff Nurses – light blue
- Health Care Assistants – lilac
- Clinical Practice Educator (CPE) – dark grey

## Physiotherapists

Your relative will also be assessed by the physiotherapist daily and treated by them as required. The treatment is usually once or twice a day, but changes according to need.

They will assess the patient's lungs, and assist in maximising lung expansion and secretion clearance. This can be carried out while the patient is on a ventilator or breathing for themselves. Physiotherapists can help patients who have had long periods of ventilation, to wean from the ventilator and/or tracheostomies, together with medical and nursing staff.

When patients start recovering from critical illness, it is important that they start active rehabilitation as soon as possible. Active rehabilitation may include bed exercises, sitting up on the edge of bed, transferring to a chair, walking or bike pedals. All these activities will aim to maintain and improve muscle strength, and improve exercise ability and stamina.

## Taking part in care

We encourage you to take part with some of the care for your relative, such as helping to wash or feed them - please let us know if you would like to assist in any way. In Critical Care some patients have a reduced level of consciousness due to sedation, painkillers or their condition. Just because they are unable to respond, does not always mean that they cannot hear you. We always talk and explain procedures in case they can hear and we encourage you to do the same. You have a big role to play, especially in the recovery stage in motivating, supporting, touching and talking to your relative. Rest, however is equally a healer and that is why we limit the number of visitors and visiting times.

Please also be aware that there are going to be times when you will be asked to leave the unit, whilst we carry out certain procedures. This is to maintain the dignity of your relative and also for your safety. The mornings are generally the busiest time with doctors and physiotherapists rounds and x-rays being performed. Sometimes it will seem as if you are waiting around a long time. However, when we are nursing, the time flies by, so sometimes we may need a reminder that you are still waiting. Your patience is very much appreciated.

## Research Nurse

This critical care unit supports clinical research. This means that patients or their relatives may be approached about taking part in clinical research if there is a study which is suitable. All research is completely voluntary and there is no obligation to take part. Should you wish to know more about clinical research please ask a member of the team.

## Telephone enquiries

The direct line to Critical Care is 01305 255648 (HDU) or 01305 255596 (ITU). You can telephone us whenever you want to, day or night. It is helpful if only one member of the family telephones the unit and then passes on information to the rest of the family and friends. The nurse looking after your relative will normally speak to you but, because of patient confidentiality, information given over the phone is fairly limited.

If there is any change in your relative's condition, the nurse will telephone you with the information unless you have requested otherwise.

## Visiting

The visiting times in Critical Care are:

- **HDU:** 12.00 – 14.00 and 17.00 – 19.00
- **ITU:** 12.00 – 20.00

However during these hours there may be times when you will be asked to leave or be delayed in seeing your relative. For example if the ward round is not complete or urgent care needs to be given.

Upon arrival, please ALWAYS ring the bell outside the unit and someone will answer and direct you to the relatives waiting area within the Critical Care Unit. Visiting is restricted to immediate family and very close friends, and we request that there are not normally more than two visitors at the bedside at one time.

Children from the immediate family of the patient may be allowed to visit at the discretion of the nurse in charge. Please ask first. Young children have immature immune systems and it is for their wellbeing that we restrict their visiting.

All of our patients, by virtue of their being critically ill, have weakened immune systems. It is the duty of all of us to protect them by following a few rules:

- When visiting Critical Care leave outdoor coats on the hooks outside the unit, keeping valuables with you
- Do not bring flannels or bars of soap for patient use as these are an infection risk
- In order to reduce the risk of infection, you will be asked to use the alcohol solution available to cleanse your hands each time you enter and leave the unit
- Do not visit if you have, or have had in the last 48 hours, a cold, flu, sickness, diarrhoea or any other potentially communicable disease/condition

## What to bring?

In the interest of safety, and in order to prevent infection, plants, flowers and helium balloons are not permitted on Critical Care. There is very limited storage space but we would ask you to ensure that your relative has the following:

- Spectacles, hearing aid and dentures – as necessary
- Shower gel – gentle & unscented
- Deodorant
- Toothbrush and toothpaste
- Aftershave/perfume (if used)
- Brush/comb
- Shampoo/conditioner
- Shaving equipment for men

You are welcome to bring a few photographs, greeting cards, personal music system and cassettes or CDs. For safekeeping, valuables may be stored in the hospital safe if your relative is unconscious. To ensure security, relatives are advised to keep their own valuables, handbags etc, with them at all times.

All property will be checked on admission, patients who choose to retain any personal items will be asked to sign a disclaimer form to accept personal responsibility for their property. In the event of a person dying in hospital, there is a legal requirement for the hospital to list all property belonging to that patient. Two nurses will check the belongings, which are then sent to the Property Office. Once this has been done, the next of kin can collect the belongings. Nursing staff are not allowed to divert from this procedure.

## Facilities for visitors

There is a relatives waiting area straight ahead as you come into the ITU entrance. Another small relatives room as you go in ITU department (double doors) and a small relatives room outside the HDU which is shared with Coronary Care. If the consultant needs to speak to some relatives in private you may be asked to leave one of the relative rooms for a period of time.

There is no overnight accommodation within the CRCU/Hospital. If necessary, immediate family (restricted to 1-2 family members) subject to availability can be provided for. Parents of sick children, relatives of very unstable patients and those living a long distance away are normally given priority. We may not be able to provide accommodation for long periods greater than 3 days. Please ask the Ward Clerk/Nurse looking after your relative for a list of local bed & breakfast accommodation.

## Refreshments

There are no facilities on Critical Care for making tea and coffee.

- There is a Terrace café on the 2<sup>nd</sup> floor, top of stairs South Wing. Opening hours are Monday to Friday 0800 – 1800.
- Damers Restaurant, 2<sup>nd</sup> floor North Wing open daily 0730 – 1930
- A vending service is also available off main reception area North Wing
- The Friends of DCH hospital shop in the main reception North Wing, opening times: week days 0830-1600
- Dorchester town centre is a short walk away

We encourage visitors to leave the hospital for a break and fresh air, and to have regular meals and sleep.

The nearest public toilet is next to the Terrace Café South Wing.

## Public telephones

These are in the main hospital reception area. Should you need to make an urgent telephone call, our staff will arrange for you to do so on the unit.

## Post box

A post box is in North Wing Reception with a daily afternoon collection.

## Smoking

The hospital maintains a non-smoking policy, and the whole of hospital grounds are no smoking areas including the car parks and outside the entrances.

## Fire

In the event of a fire a member of staff will direct you to the fire exit - Do NOT attempt to use the lifts. If you discover a fire please inform a member of staff.

## Bus services

Regular buses run from Bridport Road (adjacent to the hospital). A timetable is available at the main reception desk.

## Taxis

These may be ordered by means of a freephone in North Wing Reception.

## Car parking facilities

There are parking areas around the hospital for relatives with family in Critical Care. You can ask the Ward Clerk/Nurses for a parking permit which allows you free parking. The permit has to be displayed in your car at all times.

If you need to visit Critical Care between 22.00 – 06.00 hrs the entrance is via South Wing entrance – please use the intercom.

## Hospital chaplain

There are hospital chaplains who will visit Critical Care if needed: please ask the nurse if you would like them to visit. Your own minister of religion is welcome to visit you and your relatives on the unit. The Chapel and Chaplain's office are located on the third floor of South Wing, just above the Terrace Café.

### The Clergy Team:

- Ron Martin (Methodist) Lead Chaplain
- Richard Betts (Church of England) Assistant Chaplain
- Father John Rice (Roman Catholic) Assistant Chaplain

The Chapel is open throughout the day and night. The Sunday morning service takes place at 10.30 in the Chapel.

There is also a hospital social worker, who will be able to provide advice and help on money matters and many other problems or concerns. Please ask the nurse if you would like to see the social worker.

### Patient Advice and Liaison Service (PALS):

- PALS is an independent, impartial, confidential service for the support of patients, relatives, carers and friends
- PALS will listen to your concerns and can provide information and non-clinical advice
- PALS can also liaise with staff on your behalf

If your concerns cannot be resolved quickly, or you feel it is necessary to make a complaint about our services, please contact the Patient and Customer Services, or put your concerns in writing to:

The Chief Executive  
Dorset County Hospital NHS Foundation Trust  
Williams Avenue  
Dorchester  
Dorset DT1 2JY

Tel: 01305 251150  
E-mail: [headquarters@dchft.nhs.uk](mailto:headquarters@dchft.nhs.uk)  
Website: [www.dchft.nhs.uk](http://www.dchft.nhs.uk)

### **Patient and Customer Services**

Address as above  
Tel: 0800 7838058  
E-mail: [pals@dchft.nhs.uk](mailto:pals@dchft.nhs.uk)

### **Dorset Advocacy**

13-15 Jubilee Court  
Paceycombe Way  
Dorchester  
Dorset  
DT1 3AE

Tel: 0300 343 7000  
E-mail: [nhscomplaints@dorsetadvocacy.co.uk](mailto:nhscomplaints@dorsetadvocacy.co.uk)

## **Friends and Family Test**

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give your views after receiving care or treatment across the NHS.

## **Special requirements?**

If you have any special requirements with Dorset County Hospital such as help with mobility, visual impairment, hearing, language or communication matters, please ask a member of staff.

## **Transfer of patients**

When your relative no longer needs treatment in Critical Care, he or she will be transferred back to the care of the original consultant's team. The team will be fully aware of the treatment your relative received in the unit. The patient will then be transferred to a ward. The nursing teams will also liaise with each other, giving an in depth handover to ensure a smooth transition of care. All patients discharged from the unit will, in addition, be followed up as required by the "Outreach Team". The Outreach Team provide supportive care and have specialised critical care experience.

Following a prolonged stay in Critical Care, this transition can sometimes be difficult for patients, and especially for relatives. During the stay in Critical Care the patient is normally cared for by one nurse, monitored and closely observed. The ward nurse, however, will have several patients to care for and, although always available, may not always be visible. At this time the patient will in fact need far less acute care and will be encouraged to gain some independence, which is progress on the road to recovery. Only when the medical and nursing staff feel they are ready will they be discharged from Critical Care. At this time, your relative will be recovering and well enough to begin to gain some independence so can be cared for in a less acute environment.

Sometimes it is necessary to transfer patients to another Critical Care department. This could be:

- For more specialist treatment that this hospital does not provide
- For Children to transfer to a paediatric intensive care unit which specialises in caring just for children
- At times when there is a high demand for Critical Care beds. These are rare occurrences and if the need should arise, there will be a full discussion with you.

## **Dying**

Sadly, not all of our patients in Critical Care survive. Sometimes their illness or injuries are just so overwhelming that there is no cure available. If this is the case, then the medical and nursing team will discuss this with you and your family. Sometimes this may mean stopping treatments that are only prolonging the dying process. Our priority will then be to make sure that your relative is comfortable and free of pain, as well as supporting you.

If your relative dies on Critical Care and you find that at a later date you have questions about this time which you would like to discuss, please telephone the unit. Ask to speak to the nurse in charge, who will put you in touch with the appropriate person to help you.

We hope that this information has been of some help to you at what is, for most people, a very difficult time.

## **Organ donation**

Here, in intensive care, our aim is simple - to give the best possible treatment and to help people get better. The majority of people in intensive care do get better. Approximately 150 people's lives are saved in intensive care units every day across the UK.

However, three people die every day in the UK because they need an organ transplant to stay alive and no donor is available. If a patient is dying or dies on this unit we will discuss with their relatives and friends about the possibility of them becoming an organ donor. We hope that through this we can save more lives.