Royal Berkshire NHS
NHS Foundation Trust

What happens in a critical care area?

Information for relatives and friends

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Introduction

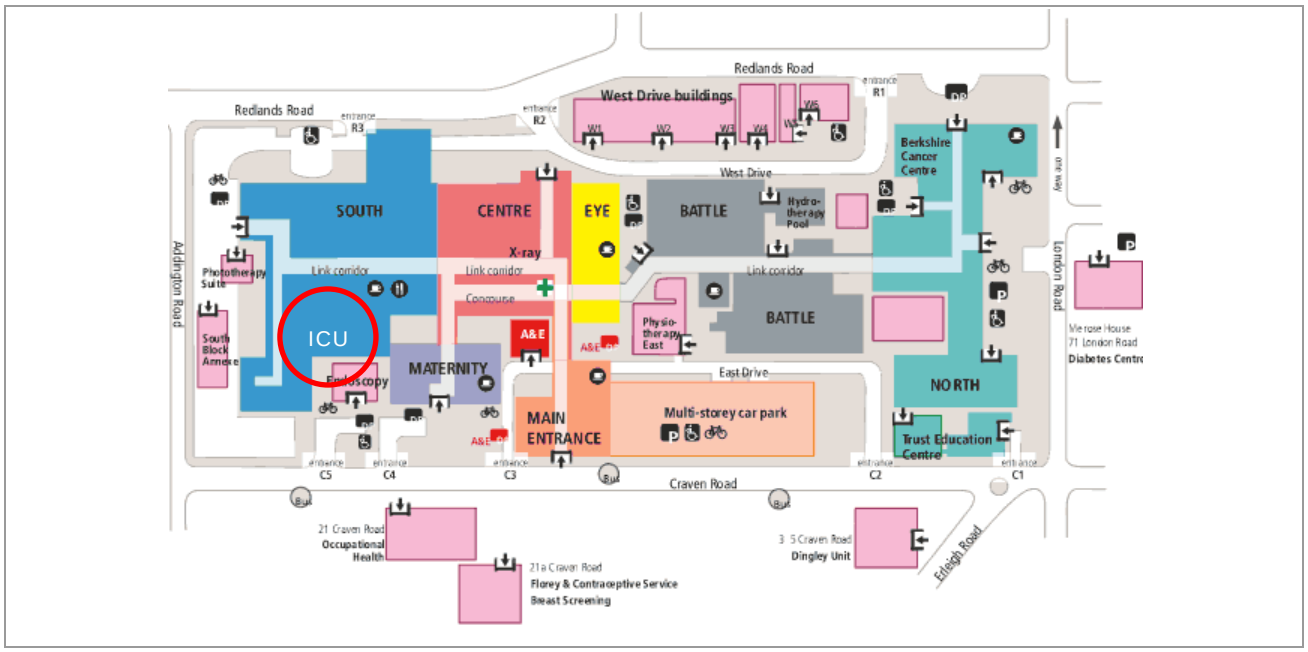
This guide aims to give practical support and information to people whose loved ones are admitted to an Intensive Care Unit (ICU) or a High Dependency Unit (HDU). Such units may be run separately or as combined departments. Our Critical Care Area combines ICU and HDU beds although it is referred to as ICU. HDU care is for patients who require less monitoring or treatment than ICU patients. These levels of care are often referred to as patient dependency.

Hospitals and their procedures are unfamiliar to most of us and you may be feeling shocked and confused at this time.

This is a general guide to our ICU, its set-up, routines, procedures and treatments. Please do not be afraid to ask staff questions to supplement this information. We will be happy to help you.

Our ICU is staffed and equipped to provide quality care to adults who are seriously ill or who have required major surgery. The beds in the department are used flexibly according to patient dependency.

Our aim is to provide the best possible care to all our patients, their relatives and visitors. The needs of the patients and their families are respected and met wherever possible. The care given takes account of religious beliefs and cultural differences.



Intensive Care Unit, Level 3 South Block

Admission to a Critical Care Area

Some admissions to a Critical Care Area are planned - usually after major surgery or in order for certain specialist treatments to be performed.

However, most admissions are in emergency situations. Some of our patients are admitted because they have a condition called sepsis. This is the body's reaction to a severe infection which can develop at any stage of illness. A separate information booklet on sepsis is available.

A patient whose condition is extremely serious, possibly life threatening is often taken to a Critical Care Area. Critical Care Areas provide high levels of medical and nursing care with doctors and nurses constantly on hand. There are more nurses for each patient than in an ordinary ward.

You may have arrived at the hospital while assessment of your loved one's condition is taking place. Time can pass very slowly when you are waiting for news. You will be shown to a waiting area where we will inform you of what is happening as soon as possible. When a patient is brought to a Critical Care Area 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 away from the bedside at this time, but we know that it can be frustrating and a member of staff will explain what is happening and let you see your relative as soon as possible.

What is a Critical Care Area?

Patients whose conditions are life threatening, either through serious injury or illness, need constant close monitoring. They often need equipment and medicine to support normal bodily functions such as breathing. This care is provided in ICU or HDU – the Critical Care Area.

The length of time patients stay in a Critical Care Area depends on the extent of their illness or injuries and any further complications. Some patients will recover quite quickly while others may remain in the unit for weeks or even months. Sometimes, a patient's condition can fluctuate - for example they may develop an infection. Recovery is not possible in all cases and sometimes a patient dies.

Sometimes, it is necessary to move a patient to a different department or even a different hospital to give them appropriate specialist care. Very occasionally, a patient may be transferred to another ICU in a different hospital because our ICU is full. However, this is a last resort and all efforts are made to prevent this happening.

Visiting the Critical Care Area

What does our Critical Care Area look like?

Our ICU has 17 bed spaces which is divided into two areas. Beds 1 – 9 (two of which are side rooms) is the larger critical care area. Beds 10 – 13 and 14 – 17 are two further bays along the corridor from the main area. The unit is open plan. We do not have separate male and female sections but every effort is made to ensure privacy and dignity is maintained. Around each bed space you will find varying amounts of medical equipment, which will be explained later in this booklet and by the nurse looking after your relative or friend.

Entering the Critical Care Area

People who are significant to the patient are welcome to visit at any time.

On your first visit to the unit please ring the bell in the relatives waiting area. A member of staff will then escort you into the department. On subsequent visits you do not need to ring the doorbell and are welcome to come straight into the unit to your relative.

You must use the hand foam on your hands before and after visiting your relative or friend in order to minimise the spread of infections. Containers of hand foam are found at the entrances to ICU and at every bed space.

Do not visit the ICU if you are ill, have an infection or have recently had diarrhoea or vomiting. Please wait 48 hours following your last bout of diarrhoea or vomiting before visiting again.

Please do not be alarmed if the curtains are around the bed space – your relative will be receiving a treatment, which requires privacy, and you will need to wait in the relatives' waiting area. In this case please let a member of staff know who you are visiting and they will ensure you are allowed in when the treatment is finished.

You may find your visit interrupted by a treatment or examination and the nurse or doctor will ask you to leave the bedside and wait in the relatives' waiting area. ICU doctors and nurses are notorious for their inability to estimate lengths of time; please be aware treatments and examinations may (and usually do) take longer than anticipated.

Patients do have a rest period from 3.00pm – 4.30pm and we would ask you if possible not to visit the unit at this time. If this is a particular problem please mention it to the nursing staff. In exceptional circumstances, visiting can be negotiated with the nurse in charge.

Please feel free to contact us at any time. However, we would appreciate you nominating one member of the family to phone for a progress report as it may be difficult to give information to those we do not know and time consuming to repeat the same information to several different people.

Direct phone numbers:

Beds 1 – 9	0118 322 7257 or 0118 322 7256
Beds 10 – 13	0118 322 8498
Beds 14 – 17	0118 322 8497

Noise levels in a Critical Care Area

It can be quite noisy in the Critical Care Area, especially during the day. There may be bleeping noises coming from some of the equipment and even an occasional alarm sound. This is normal and does not necessarily mean that something is wrong.

Will I recognise my loved one?

Your loved one may look very different from the last time you saw them. Their clothes will have been removed but they will be covered. Their bodies may be bruised and swollen. They may be attached to a lot of equipment. The doctors and nurses will tell you what to expect.

Can I touch my loved one?

Tubes and wires often surround the patient in critical care; however, it is usually possible to touch your loved one. The nurse will guide you. After a few visits you may feel you would like to participate in some of the care your loved one requires, for example: combing their hair, cleaning their eyes and mouth or washing their face. Please mention this to the nurse and she/he will help you carry out these cares. If you are involved in helping care for your relative you must wash your hands and wear an apron.

Can I talk to my loved one?

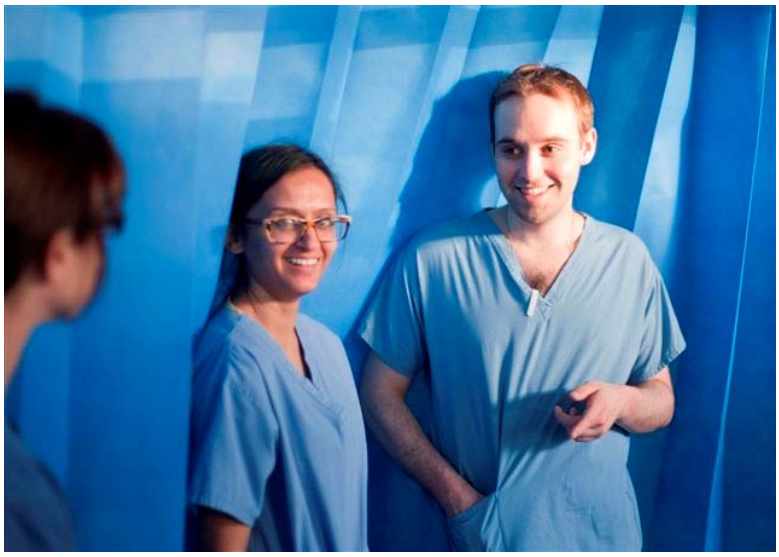
In order for patients to tolerate and undergo the treatment they need it is often necessary to give them sedation and pain relief which causes them to fluctuate between being drowsy and alert/calm.

However, a patient may be able to hear even if they cannot respond. Staff will talk to patients and tell them what is happening. Feel free to talk to your loved one and let them know that you are there.

It is normal to feel upset at seeing someone in critical care. It is understandable if you find it hard to cope. We are here to help you and answer any questions you may have. You may find it helpful to have someone to visit with you.

The daily routine

All patients' needs vary and thus there is no typical day. Mornings tend to be the busiest times. A ward round is held from approximately 8:00am – 12:00pm where the doctors and nurses discuss the patients' progress and care, examine the patients, decide on further treatment and make a plan for the rest of the day. This ward round includes input from other specialist consultants, including microbiologists who specifically deal with advice concerning infections. There is also an evening ward round from approximately 5:00pm – 7:00pm.



Patients in critical care areas 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 the same doctor or nurse, although this is not always possible. If you are confused about your loved one's condition, tell the staff and ask for further explanation. Be prepared to gather those people that are significant to the patient to meet with the consultant for condition updates.

Patients' property

We have very limited space in the unit for storing property and therefore we ask that the patients only have essential toiletries and cards. Photographs to display of family and friends are also welcome.

Money and other valuable items e.g. jewellery, need to be taken home or locked away in our safe.

Long stay patients can use personal audio equipment. We do have televisions and radios available in the unit.

The hospital cannot accept responsibility for the loss or damage of items not handed in for safekeeping.

Photographs

We do not allow relatives or friends to take photographs of patients, as this is a breach of individuals' rights to privacy and confidentiality.

Mobile phones

Please do not use mobile phones in the unit. Patients and visitors can use mobile phones in public and communal areas but please be sensitive to the needs of others when using your phone. **Phone cameras are not to be used for breach of privacy reasons as stated above.**

Flowers are not allowed on the unit for control of infection reasons.

Who are the staff in the Critical Care Area?

The staff in the Critical Care Area work as a team to care for patients. It is likely that you will meet many of the staff who look after your loved one as the days go by.

The most senior doctor in the department is the consultant. Consultants specialise in this particular area of medicine. Our ICU is run by nine consultants, who specialise in intensive care medicine. They are Dr Carl Waldmann, Dr Tim Parke, Dr Chris Danbury, Dr Jerome Cockings, Dr Ian Rechner, Dr Liza Keating, Dr David Mossop, Dr Andy Walden and Dr Tim McErlane. The consultants supervise a team of doctors with a range of experience. Other specialist doctors will visit the area to advise on particular aspects of patient treatment and care.

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

The Lead Nurse in the Critical Care Area is Rob Williams. The nurses in the unit are sisters, senior staff nurses, staff nurses and healthcare assistants. For ICU patients, there is usually one nurse per shift to care for the needs of one patient and their family. However one nurse may care for two HDU patients. There is usually one sister or senior staff nurse who is in charge of the shift and co-ordinates the team.

There are often nurses on duty who are undertaking specialist courses, general nurse training or being orientated to the unit because they are new or from another department. These nurses are often working with another member of the nursing team in order to develop skills and knowledge in this area.

Sisters wear navy blue tops and trousers, senior staff nurses wear royal blue tops and staff nurses wear pale blue tops and healthcare assistants wear green tops. All staff should be wearing name badges and photo identity badges with their name and job title. We also have a board with staff photos to help you identify who's who.

We have **clerical staff** (Sue Heanes and Linda Andrews), who work in the unit. They help with the smooth running of the unit by greeting visitors and dealing with telephone enquiries. They work closely with the nursing and medical staff to ensure that you are well informed and supported through your relatives stay in ICU.

Our ICU has two **technicians** (Bob Holloway and Alex Stevens) who maintain all the equipment used in the ICU. They check and clean equipment as well as training other members of staff and occasionally helping with procedures.

Some of the nursing staff have specialist roles within the unit.

Research: Our ICU actively supports medical and nursing research to improve patient care. Research projects are currently underway in the unit. We may speak to you about the possibility of the inclusion of your relative into a research study. Details of the study will be fully discussed with you. You will then be given time to think about whether you feel your relative would agree or object to taking part in the study. Your relative is not under any obligation to take part in any such study and the decision you make will in no way affect the care they receive.

All studies involving patients have been reviewed by an independent research ethics committee.

If you would like to know more about the research currently under way, please contact Nic Jacques, Research Sister or any member of staff.

Rehabilitation after Critical Illness Service (RaCI): Our main aim is to identify and address physical and psychological issues for patients arising whilst in the Intensive Care Unit. This is provided by the whole team (doctors, nurses, physiotherapists and those highlighted under the section 'Staff who visit Critical Care Areas').

The RaCI team aim to provide advice and support for patients with particular problems such as delirium and/or inability to communicate; to support relatives/carers with issues that may be affecting them as a result of this admission for example, certification of critical illness for insurance purposes. We recognise that critical illness is a major life event and may have a big impact on all involved.

Our service follows the patient to the ward providing information and support relating to the critical illness experience. On discharge from hospital we offer a consultant/nurse outpatient review at 2-3, 6 and 12 months where both the patient and their relatives are able to discuss the cause for the critical illness, tests, investigations or operations and the

treatment received. We also use this mechanism to enable feedback from both the patient and relatives regarding their experience of critical illness within our unit. This is a very important aspect of our work and enables quality control and most importantly changes to practice for future patients and relatives.

Part of psychological rehabilitation may include a 1:1 visit back to the Intensive Care Unit and a diary of the Intensive Care stay. For more information relating to rehabilitation after critical illness please refer to 'Looking to the future' on page 24. There is also a booklet available called 'Life after Critical Illness'. Visit www.royalberkshire.nhs.uk/in_the_press/trust_films.aspx to watch a film called ICU – Insight and Aftercare. The Rehab after Critical Illness team is led by Sister Melanie Gager.

ICU Support Network: A support group (ICU Support Network – Reading) is available for patients and relatives. Please see advertisements in the waiting areas or contact 0118 322 7248 email icu.support@aol.com for more details.

Organ and Tissue Donation: There is a Donor Co-ordinator for the Royal Berkshire NHS Foundation Trust who also works as part of the Regional Donor Co-ordinators team. A 24 hour service is provided to all acute NHS Trusts within the South Central Strategic Health Authority. The key roles of this post are auditing current practice and developing strategies to support organ and tissue donation, with the aim of providing a patient and relative centred approach to maximising the number of successful organ and tissue donations across the Trust. Education for all Trust staff is key to this role and support is offered for potential donor families and staff. All of these aspects of the Donor Co-ordinators role increase awareness of organ and tissue donation and aim to foster a positive attitude towards donation and offering choices to the bereaved next of kin.

Bereavement Care: If your loved one dies, the staff should be able to answer any questions you may have about your loved ones condition and care before they died. If you are experiencing difficulties with your bereavement and still have questions regarding the care and treatment your loved one received on ICU the Bereavement Care Team can meet with you or arrange for you to see the most appropriate person(s) to answer your questions. This is not a formal counselling service but an opportunity to discuss any outstanding questions. The Bereavement Care Team is led by Sister Sheila Hill.

Practice Educator: Charmain Gromer is the Sister who ensures all staff meet their various learning needs and that they are trained and updated on all equipment used in the unit. The role includes booking courses and study events for staff to attend, liaising with other Practice Educators and the Lead for Education within the Trust. The Practice Educator also organises the orientation programme for all new staff to ICU and mentoring for students within the unit.

Intensive Care Information Programme (ICIP) Team: In our ICU the majority of our documentation, observations and notes are recorded on a computer system referred to as ICIP. This involves there being a computer and keyboard at each bed space. There is a team responsible for managing ICIP and you may see them at the bedside computers. They do not always wear a nurse's uniform. This team is led by Sister Gill Leaver.

Please refer to the Trust leaflet 'Your Information and what we use it for' (in the relatives waiting area) for more details about confidentiality, clinical audit, where information is stored and how to access patient records.

Staff who visit Critical Care Areas

Twice a day a team of **physiotherapists** (physios) visit the ICU. Physiotherapists are involved with the rehabilitation of the patients by helping them to exercise their limbs, sit out of bed, stand and walk, as they are able. We begin this process as soon as possible. Again after a while you may like to be involved in helping with the limb exercises and the nurses and physios can show you how to do this. They may also treat a patient's chest, to clear secretions from their lungs. Many patients are at risk of developing chest infections because their lungs are not functioning well enough to prevent the build up of secretions.

A **consultant microbiologist** visits the unit daily to discuss and review all patients. Their role is to advise the ICU team regarding infection screening results, appropriate use of antibiotics and to determine what progress the patient is making. We also have a nurse champion for infection control.

A **radiographer** takes X-rays of patients, either in the unit using a portable machine or in the radiography department. They also perform ultrasound scans. If patients are having X-rays in the unit you may be asked to leave while the X-ray is taken to avoid unnecessary exposure to the rays.

Imogen Steed is the pharmacist for ICU and is involved in monitoring the safe administration, prescription and effects of medicines on patients. She also ensures that the department has sufficient supplies of medicines.

The **Nutrition Ward Round** (specialist doctor, clinical nurse specialist and dietitian, with ICU doctors) ensures that each patient is receiving the appropriate type of food and is receiving enough calorie and nutrients.

A **speech and language therapist** may visit the area to assess swallowing or speech function in conscious patients who have had tracheostomies.

The Critical Care Outreach Service is a team of nurses who have extensive skills and knowledge in recognising the deteriorating patient. They review patients on the general wards in response to referrals from either ward nurses or medical staff, and advise and help in the care of patients who may need a higher level of observations and interventions. The Outreach team work closely with all staff from the Critical Care areas. The team helps to facilitate the transfer of patients from the general wards to ICU and back again.

The transition between the ward and the intensive care unit can be a stressful time for the patient, their relatives and the staff looking after them and the Outreach team aim to make that transition as smooth as possible.

Call 4 Concern©

Call 4 Concern© (C4C) is a system that enables patients and relatives to directly access the critical care outreach team if they have concerns about the patient condition that they feel is not being acknowledged by the ward team. You can contact them on **0777 4751352**

Nurse Consultant for Critical Care is Dr Mandy Odell who is the lead nurse for critical care issues in the Trust. As well as working at the bedside as a critical care expert in assessment and treatment of patients, the role includes advising, educating and supporting a range of clinicians who care for acutely ill patients anywhere in the hospital. The role includes a strategic function that involves giving advice on critical care services and implementing innovative systems to improve the care of critically ill patients. Knowledge of current research and national and international policy helps keep the Trust at the forefront of critical care practice. Mandy is contactable on 0118 322 7053 or pager 40590.

The hospital chaplains are staff members and part of the caring team. They represent the following major faiths: Christian, Jewish, Muslim, Buddhist and Hindu. Local representatives of other religious and belief groups can be contacted. However you are not religious they provide a listening ear at this difficult time. The chaplains befriend, support, offer prayer and the sacraments. Someone is available 24 hours a day, seven days a week. If you would like a chaplain to visit ask one of the nurses to contact them. A chapel is located in the very front of the hospital in North Wing and there is a Sanctuary located on The Concourse, Level 2. This room accommodates all faiths and none.

Patient Advice and Liaison Service (PALS). PALS is available during normal working hours. PALS offers on the spot help when things go wrong and is a link between you and the hospital. PALS can also refer you to specialist agencies as appropriate and help you make a complaint. PALS can guide you, your family and friends through the different services at the Trust and can help you sort out any concerns you may have about the care or services you receive. The PALS office is on Level 2 in the main entrance or ask nursing staff to contact PALS on ext 8338 or telephone direct on 0118 322 8338.

What does the equipment do?

Equipment surrounding patients is usually there for one of two reasons, to support normal bodily functions and to monitor the patient's condition.

1. Equipment that supports a patient's normal bodily functions:

Breathing equipment

A ventilator is a machine that assists a patient's breathing. A tube is inserted through either the patient's mouth or nose and into the windpipe. The tube, which is known as an endotracheal tube, is connected to a machine that blows air and extra oxygen in and out of the lungs. The machine can 'breathe' completely for the patient or it can be set to assist the patient's own breathing. A patient can gradually be weaned off a ventilator as their condition improves. This means the patient will spend increasing amounts of time off the ventilator but with humidified oxygen administered until they can breathe without assistance from the ventilator for an appropriate length of time.

If the patient is likely to remain on the ventilator for more than a few days, the endotracheal tube is sometimes replaced with a tracheostomy. In this case an operation is performed to insert a tube into a hole made in the throat. This procedure is usually carried out in the unit. Although the tracheostomy can look strange it is actually quite comfortable for the patient compared to having the tube in the mouth. A patient will not usually be able to speak while the endotracheal tube or tracheostomy is in place but this is temporary and speech will return when they are removed. It may be appropriate to use a speaking valve connected to the tracheostomy to enable the patient to speak for short periods. There is an IPad available to assist with communication. The tubes also mean the patients have difficulty swallowing and coughing to clear phlegm from the chest. A very fine suction tube is passed down the endotracheal tube or tracheostomy to suck away secretions and saliva is also removed from the mouth with a suction tube rather like the dentist does. Occasionally the ventilator will alarm to alert the nurse to a change in the breathing support. This does not necessarily mean there is something wrong.

Most critically ill patients require extra oxygen. This may be given through the ventilator or via a mask.

Equipment for fluids

Patients are often attached to drips. These allow fluid to be passed through tubes into veins, usually in the side of the neck, arm or hand.

A patient may need blood. The amount of blood to be given is carefully monitored. Blood is made up of several substances, for example plasma and platelets, which can be given separately if this is specifically what the patient needs.

Medicines are often given through a drip. Medicines are discussed in a separate section. Often a pump will deliver the medicine at a specific rate.

Fluids are often given via a pump to ensure a continuous flow. Fluids are given for re-hydration and to maintain blood pressure.

Food in the form of a liquid containing essential nutrients can be given either through the nose via a tube into the stomach or through a drip.

Again the pumps used to deliver fluids or food will alarm when the infusion is complete.

Tubes that remove waste products from the patient can often be seen attached to the bed.

Kidney equipment

If the patient's kidneys are working normally the nurses will measure how much urine is being made every hour. To do this a urinary catheter is passed into the patient's bladder. You will see the tube attached to a bag, which hangs at the side of the bed.

If the patient's kidneys are not working properly a haemofilter machine is used. It works in a similar way to a dialysis machine. The haemofilter removes blood from a vein through a tube then pumps it through a filter to remove excess fluid and waste products. Once the blood is clean it is returned to the patient. Haemofiltration is usually done continuously. Again there are alarms on the machines, which will signal the end of a period of treatment.

2. Equipment which monitors a patient's condition:

Equipment to monitor the heart

Each patient is attached to a machine called a cardiac monitor or ECG, which monitors his or her heart rate. Small sticky pads are placed on their chest and are connected to the monitor. The monitor picks up electrical impulses from the patient's heart and can detect any abnormalities. The monitor can also show the patient's breathing rate, blood pressure, central venous pressure (CVP). It is normal for the numbers shown on the monitor to keep changing. Again the monitor will alarm if there is a change but this may not necessarily be a problem.

The blood pressure is monitored by inserting a small drip into an artery in the wrist or foot. We are also able to take blood from this line for routine blood tests. The CVP is monitored by inserting a line into the neck and attaching it to the monitor. This line can also be used for giving fluids and medicines.

Equipment to monitor oxygen requirements

A probe, rather like a peg, is placed on one of the patient's fingers, ears or nostrils, which measures the percentage of oxygen in the patient's blood. This is displayed on the monitor and can help the nurses and doctors adjust the oxygen requirements of the patient. The nurse will change the position of this probe every few hours.

Equipment to monitor head injuries

If a patient has a serious head injury it is important that further damage to the brain is prevented. It is essential that any brain swelling and increases in pressure are detected and treated promptly. A small pressure gauge may be inserted through the skull into the brain to measure the pressure inside the skull. Although this may look alarming it does not cause the patient any pain.

Do ask staff to explain the equipment and what is happening.

Investigations used in the Critical Care Area

The following investigations and procedures are used if appropriate:

A CT scan (Computerised Axial Tomography) may be taken. A series of X-rays of the body are analysed by computer to show a patient's body as if it were a series of layers. This provides more detailed information than an x - ray. This investigation takes place in the X-ray department as does an MRI scan.

An MRI (Magnetic Resonance Imaging) is used less often than a CT scan. It is similar but is sometimes needed to show finer detail.

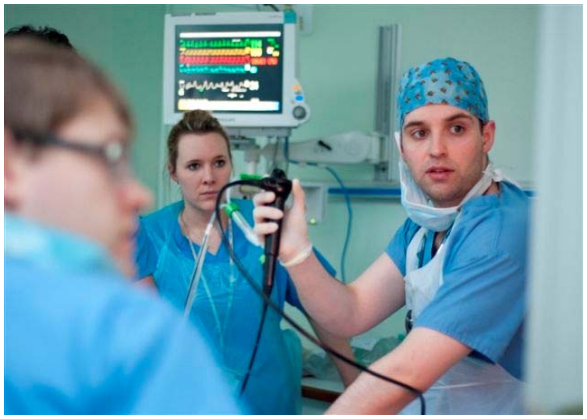
These two investigations require the patient to be transferred to the X-ray department. Portable versions of all the equipment the patient needs are used to maintain all essential treatments. An ICU doctor and nurse accompany the patient throughout.

An ultrasound scan can be used to see a more detailed picture of the heart (called Echocardiogram) stomach, abdomen, kidneys and lungs.

An electrocardiogram (ECG) provides detailed information about the patient's heart.

An electroencephalogram (EEG) can detect changes or abnormalities in the brain.

An endoscopy enables the doctors to see inside a patient's body without an operation. Flexible tubes, which transmit light, are passed into the body to look at the lungs, stomach or intestine.



These four investigations usually take place on the unit.

Medicines used in the Critical Care Area

Medicines or drugs are an essential part of the treatment provided in critical care areas. The amount and type of medicine given to the patient will vary according to their condition and progress.

Medicines to keep a patient sedated

Sedatives are used as required by the patient's condition. They may be used to keep a patient in a deep sleep, drowsy or at a level which helps patients tolerate the tubes and equipment attached to them so they may be quite calm and alert. Some sedatives cause patients to lose their short-term memory.

Medicines to stop pain

Analgesics are commonly known as painkillers. The types of analgesics used in critical care can be very powerful and can make patients drowsy. Painkillers can be given through a drip, by mouth or the tube into the stomach, by injection or as suppositories. Some patients have an epidural placed in their back through which painkillers are administered continuously.

Medicines to help a patient's heart work more effectively

Inotropes are a group of powerful drugs (for example adrenaline, noradrenaline, dobutamine) that help the heart work more effectively and consequently support and maintain the blood pressure.

Antibiotics

These are medicines to fight infections. They may not be appropriate in all instances. When they are prescribed and administered, we monitor the patient's response and with advice from the consultant microbiologist will continue or change antibiotics.

Waiting for your loved one 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 to know what is going to happen or how long the course of the illness will be. A very ill patient may improve or deteriorate quickly. Sometimes, the health of a patient whose life is at risk can fluctuate. In this situation we may say your relative is 'critically ill'. We will give you as much information as we can in an honest and open manner.

Critically ill patients are often very weak and it is possible for serious complications such as organ failure or infections to develop in addition to their original problem.

Things that may help

If your loved one is in ICU for a long time you may find visiting becomes harder. It is common to feel helpless at this time. You might like to pass the time reading to your loved one either extracts from a favourite book or the newspaper. You can do this even if they are sedated. However there may be times when it is better for the patient not to be stimulated and disturbed, so you may be asked to refrain from interacting with them. The nursing staff may also be minimising their interventions.

While your relative or friend is a patient in ICU you might like to keep an account of the day-to-day events, which happen to them by writing a diary. This will give you something positive to do and may benefit the patient and others at a later date. You could write about what has happened during the day, the name of the doctor, consultant and staff on duty, also the visitors who came. You could include a plan for that day, any procedures undertaken or results from tests, or updates. Many patients eventually like to know of their 'lost time' in ICU and how their family and friends coped. When the time is right the person concerned may like to read what you have written. It is easy to forget events that happen, nice to remember some and by looking back it is possible to help their understanding of the time spent in ICU. A diary can benefit the patient, family and friends.

Fear of the unknown can cause worry so do not be afraid to ask us questions if something is bothering you. It can be helpful to have someone else to talk to, perhaps family and friends, perhaps your GP, the hospital chaplain or a representative of another faith. PALS is also available.

Visiting a critically ill patient and coping with all the other tasks you need to carry out can be very tiring. It is important to take care of yourself. Try to rest as often as you can. You could make use of the rest period to try to have a rest yourself, or deal with other matters, which may need your attention. Sleep during the night not during the day. Remember to eat sensibly too. You will need your strength.

Facilities available

We have three rooms available for families who wish to stay while their relative is in ICU. These are intended for your use during the first few critical days. As you can appreciate these rooms are in great demand and in order to be able to offer these facilities to all relatives we would ask that you acknowledge the needs of other families at this stressful time. It may not be possible for you to stay for the whole duration of your relative's admission and the allocation of these rooms will be reviewed on a daily basis according to individual need. We ask that there are no more than two people staying in a room. Due to

the unexpected nature of your stay we may initially be able to provide basic toiletries and refreshments for your first night. In order for us to be able to provide this service for all families we would be grateful if you could replace these. There is a fridge available for you to store food but remember to remove it before vacating the room. There is also a microwave and televisions. Please note that these rooms are non-smoking.

These facilities have been provided by the generosity of other relatives and patients, so please take care of them. Obviously accidents do happen so let us know as soon as a problem arises.

There are near by hotels and guesthouses – a list of these is available in the unit (accessible on the intranet) – please ask for details.

Car parking

Public parking is usually Pay on foot. However, when a patient is very unwell, close family can request a concessionary parking ticket, valid for one week. Visitors should speak to the bedside nurse, who will authorise the issue of a concessionary permit.

Multi-storey car park: Levels 0, 1, 2 and 3 are for the public. The best access is via level 2, which leads to reception in the main entrance of the hospital. It also has disabled parking and drop off points.

South Block car park. This is a disabled and drop off point only in this car park and next to South Block entrance as this car park is primarily for staff.

Buses

There are regular bus services – 9, 19 and 22. The bus stops are located in Craven Road.

Cash machine

There are 2 cash machines on Level 2. One in the main entrance opposite the reception desk and one in the South block.

Interpretation and signing

We can provide an interpreter in many languages or arrange for a registered sign language or lip speaking interpreter to communicate on your behalf.

Refreshment facilities and shops

Main Entrance		
Level 1	AMT Coffee Cart Mon-Fri 6.30am-7.30pm Sat & Sun 10am-6pm	Hot and cold drinks, snacks and sandwiches
Level 2	M&S Simply Food Mon-Sat 7am-8pm Sun 10am-6pm	Sandwiches, flowers, groceries, small selection of toiletries
Level 2	Whistlestop News and Snacks Mon-Fri 7am-8pm Sat & Sun 9am-4pm	Newspapers and magazines, snacks, sandwiches, cards
Level 2	Pumpkin Café Mon-Fri 7am-5.30pm Sat 10am-5pm Sun Closed	Hot and cold drinks, snacks and sandwiches
Eye Block		
Level 2	WRVS Café Mon-Fri 9am-2.30pm Sat & Sun Closed	Hot and cold drinks, snacks and sandwiches
Battle Block		
Level 1	Conservatory WRVS Café Mon-Fri 8.30am-5pm Sat & Sun 2pm-5pm	Hot and cold drinks, snacks and sandwiches, soft toys, books
North Block		
Level 1	League of Friends Café Mon-Fri 9am-5pm Sat & Sun Closed	Hot and cold drinks, snacks and sandwiches
Level 1 Berkshire Cancer Centre	WRVS Café Mon-Fri 9am-5pm Sat & Sun Closed	Hot and cold drinks, snacks and sandwiches
Maternity Block		
Level 2	League of Friends General Convenience Store & Café Mon-Fri 8.30am-5.30pm Sat & Sun 10am-4pm	Hot and cold drinks, snacks and sandwiches, groceries, toiletries, newspapers and magazines, cards, toys and baby gifts
South Block		
Level 2	Vending machines	Cold drinks, sandwiches and snacks
Level 2	League of Friends shop Mon-Fri 9am-5pm	Cold drinks, snacks, cards and newspapers
Level 1	RBFT Restaurant Mon-Sun 7am-7.30pm	Hot and cold meals, snacks, salads, breakfast served 7am-11am, lunch 12-2pm, supper 4.30pm-7.30pm
Level 1	RBFT Café Mon-Fri 9am-4.30pm	Hot and cold drinks, snacks, pasties, paninis, baked potatoes and cakes

Other sources of information

There are many leaflets available in the waiting area and in the Information Zone (Level 1 Main Entrance Craven Road) to provide you with more information. You may it helpful to visit the following websites:

www.royalberkshire.nhs.uk – this will give you information about the Trust and its services and facilities.

www.ics.ac.uk – this will give you general information about Intensive Care – click on the heading Patients and Relatives

Donations

Any and all donations are very gratefully received. The donations are used for many different aspects of the work in the ICU which benefit patients, relatives and staff in a variety of ways. Cheques for donations should be made payable to The Intensive Care Unit, RBH (U450).

Transfer from a Critical Care Area

Patients are usually transferred from a Critical Care Area when they are able to breathe on their own and no longer need the specialist skills of the critical care team. They may stay in the Critical Care Area but become a 'high dependency' patient with less intensive monitoring. It may be that one nurse will look after two high dependency patients.

Where the patient is moved will depend on the nature of their illness or injuries. Some patients will require further specialist help to assist their recovery and will be transferred to a unit equipped to deal with their particular needs.

Most patients are transferred to a ward within the same hospital. There will be fewer nurses, procedures and less equipment on a ward compared with the Critical Care Area because the patient no longer needs them. The more normal atmosphere is an important step towards recovery and rehabilitation.

Patients often do not remember being in the critical care area. But sometimes the memory of all the tubes and machinery, the unfamiliar surroundings and noises and the actual illness or injuries they have suffered can cause the patient to feel agitated and confused for sometime afterwards. Relatives and friends can help by trying to be calm and reminding them of familiar everyday things. The Rehabilitation after Critical Illness Team will support and assist in this process.

Any period of critical illness can leave patients feeling very weak and it can take them a long time to recover their full strength. Patients should gradually increase their levels of activity but also ensure they have proper rest.

Patients recovering from critical illness often have poor appetite and even difficulty in swallowing. Once the individual is able to eat, it is often best to begin with regular small tasty snacks rather than big meals.

Talk to the nursing and medical staff if you or your loved one is worried about the transfer.

The Outreach Team will check up on patients transferred to the ward and advise and help with any problems. The RaCI team will also continue to offer support and advice to all patients and relatives with a length of ICU stay of four days or more (and any referrals received). C4C© continues to be available to all patients and relatives throughout their stay in hospital.

Looking to the future

Rehabilitation after Critical Illness (RaCI)

After a critical illness, many patients can experience other problems such as weakness, loss of energy, physical difficulties, anxiety, depression, post traumatic stress and for some, problems with thinking, remembering and planning (known as cognitive function). The patient's critical illness can also affect their family members, with many families experiencing financial, health and emotional worries, and psychological difficulties.

Our main aim is to assist the patient's physical and psychological rehabilitation following their critical care illness. It starts within the Intensive Care Unit with early physical mobilisation. Rehabilitation is designed to help the process of physical and psychological recovery and help people cope with the physical, psychological and emotional affects associated with being a patient in critical care. Rehabilitation can help with physical and psychological strength after critical illness through the use of gentle experience programmes, advice and support.

Following critical illness some people will have a rapid recovery. For others, recovery may be longer and they will need more structured support. Sometimes this is obvious early on, but occasionally this only becomes apparent later.

On discharge from Intensive care all patients will be assessed and those at high risk will trigger an ongoing structured support/rehabilitation package with the RaCI team being the named co-ordinator (NICE CG 83).

For further information please take the booklet entitled 'Life after a critical illness' found in the Relatives Area.

The death of a loved one

The purpose of critical care is to treat seriously ill patients who have a reasonable chance of recovery. In some cases however, a patient may still be breathing with the help of critical care equipment, but will not regain consciousness or recover despite all the efforts of the critical care team.

In these situations the doctors may need to discuss the appropriateness of further treatment or whether it will simply prolong suffering. Doctors are usually able to prepare those concerned that their loved one may die and provide details of their condition.

If your loved one dies suddenly, critical care staff should be able to answer any questions you may have about your loved ones condition before they died and the medical care they have received.

If you are unclear about the reasons why your loved one has died or wish to discuss their illness and treatment, our Bereavement Care Team will see you and arrange further meetings with whoever is appropriate for you. A list of support groups is also available in our bereavement pack.

You will receive an information pack to guide you through the practicalities and requirements following a death.

There is a service of Thanksgiving and Remembrance held twice a year which you will receive an invitation to.

It is possible for a patient who has died to donate organs and/or tissues to help someone else who is waiting for a transplant. The ICU team will ask you about your relative's wishes and offer the option of organ and/or tissue donation. Some people find that organ and/or tissue donation is something positive that can come from bereavement, particularly if they know it was what their loved one wanted. Other people feel this is not for them. If you have any questions about organ and/or tissue donation please ask a member of the ICU team.

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Royal Berkshire NHS Foundation Trust
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