

# A guide to what happens in Critical Care

Information for relatives and friends



Providing  
the **Best**  
**Possible**  
Care



# The Critical Care department is committed to quality, safety and compassionate care.

This guide aims to give practical support and information to the relatives and friends of patients in Critical Care. There are two sections to our unit, Intensive Care /ITU and High Dependency/ HDU.

This is a general guide to our routines, procedures and treatments. We understand that this can be a distressing and confusing time. Please do not be afraid to ask questions, we are here to help.

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## What is Critical Care?

Critical Care is for patients whose conditions are serious and sometimes life threatening. They often need equipment to support their normal bodily functions. They can sometimes recover quickly but others will need to stay for weeks or even months. The patient's condition can change a lot during their stay, sometimes improving but also worsening. Recovery is not always possible.

For certain conditions, the patient may need to be transferred for more specialist care. Very occasionally if we become full, as a last resort, a patient may need to be transferred to another hospital or area of the hospital where they will continue to receive the same level of care.

## Admission to Critical Care

Admission to Critical Care is for patients whose condition is serious and possibly life threatening. Both doctors and nurses are constantly on hand. On Intensive Care (ITU), a dedicated trained nurse will be allocated to each patient. In the High Dependency Unit (HDU) one nurse is dedicated to two patients. However, the beds throughout the unit are flexible and the nursing to patient ratio will vary depending on need.

The initial assessment and admission of patients can take a long time and you may feel like you have been left waiting. While the patient is assessed, attached to the necessary equipment and made comfortable, you will be asked to wait in the visitor's area. A member of staff will come to the visitor's area as soon as possible to explain what is happening. We understand this can be frustrating and worrying but we will do our best to keep you informed.

## Visiting Critical Care

Our visiting times are from 13.00 - 19.00. This can be altered at the discretion of the nurse in charge. The mornings can be very busy with doctors' ward rounds and patients' personal care being undertaken.

Your visits may be interrupted by necessary treatments or examinations and you may be asked to wait in the visitor's area. Examinations and treatments may take longer than anticipated but if you think you have been forgotten please let us know, by ringing the intercom outside the entrance doors.



# Critical Care ITU



Please feel free to phone us at any time. However it would be helpful to nominate one or two members of the family for telephone calls. The information we can give over the telephone will be limited. A password system can be set up if more detailed information is required.

Please wash your hands every time you enter and leave Critical Care to minimise the spread of infection. At times, you may be asked to wear aprons, gloves or masks. The nurse or doctor will explain the reasons for this.

Please do not visit if you are ill. If you have had diarrhoea or vomiting, please wait 48 hours after the last episode before visiting again.

Please discuss with the nurse in charge before bringing in young children.





## Phone numbers

Beds 1 - 8 (ITU)  
01604 545542  
01604 545342

Beds 9 - 16 (HDU)  
01604 545544  
01604 545344

## Patient's property

The patient will only need essential toiletries - please take home any valuables, clothes and sleepwear. You are welcome to bring any family photos to display.

We have DVD players and radios for patient use.

Please discuss with your nurse anything else you would like to bring in, such as talking books, personal music preferences or other activities they may enjoy.

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

## Noise levels

It can be quite noisy in Critical Care. There may be bleeping noises and occasionally alarms. This is normal and does not necessarily mean that something is wrong.

## Will I recognise my loved one?

They may look very different. They will be wearing a hospital gown. They may be bruised and swollen. They may be attached to a lot of equipment. We will take the time to explain more about what to expect so you fully understand.

## Can I touch/talk to my loved one?

Yes, you can. The nurses/doctors will guide you. But it is important that you speak to your loved one. This will help to orientate them and make them feel safe. Even if they are receiving drugs to keep them unconscious or calm, it is very likely that they can still hear you. You can, if you wish, kiss them/hold their hand. If you feel nervous or unsure about this, the nursing staff can guide you.

Please ask the nurses if you would like to be more involved with certain aspects of your loved one's care. We would be happy to help you with this.

It is normal to feel upset and frightened and at times, you may find it difficult to cope. Please talk to us, we are here to help and are always happy to answer questions.



# The daily routine

It is important to understand that all patients are different, so there is no typical day. We tailor our care according to the needs of the patient.

The mornings tend to be the busiest time. Nurses and doctors hand over between 07:15 – 08:00 and in the evenings 19:15 – 20:00. At approximately 09:30 - 11:30 there will be the morning ward round. You will usually be asked to wait in the waiting area while the ward round takes place to protect other patients' confidentiality. The doctors and nurses will discuss the patient's progress and care and make a plan for the day. There will be a shorter ward round in the evening. Throughout the day other specialists may come to review the patient including a pharmacist, microbiologist, medical or surgical doctors, physiotherapists, dieticians and speech and language therapists.

As a team we are always happy to update you on the patient's condition. Sometimes information you are given may vary or sound different. If at any time you feel confused about what you are being told, please ask to speak to the nurse in charge or consultant to enable us to clarify.

## Who Are the Staff in Critical Care?

**The Consultants** are Intensivists who specialise in the care of the critically ill. They are the most senior doctors and are in overall charge of the patient's care and treatment whilst they are in Critical Care. The Consultants work on a rotational basis throughout the week. Therefore, you may see different Consultants on different days. Other specialist doctors will visit the area to advise on particular aspects of care.





**Matron.** The Matron for Critical Care is Lisa Swan. Her phone number is 01604 543742. Please feel free to contact her if required. If she is not available, please contact Richard Coxhill (Ward Manager) on 01604 544475.

**Unit Co-ordinator** is usually a Sister or senior nurse who will be in charge of the shift and happy to help you with any problems, enquires or issues. The coordinator will be wearing a red badge.

**Nursing Staff.** We have a large number of nurses, so you may see a lot of different faces looking after your relative. However, we all work together and communicate as a team. They can often have students or more junior staff working alongside them. The nursing staff wear; navy blue uniforms (Sister); blue and white striped uniforms with navy epaulettes (Junior Sister); blue and white striped uniforms (Staff Nurse); white tunics (male nurses).



**Health Care Assistants (HCA)** work alongside the nurses caring for your loved one and wear pink uniforms.

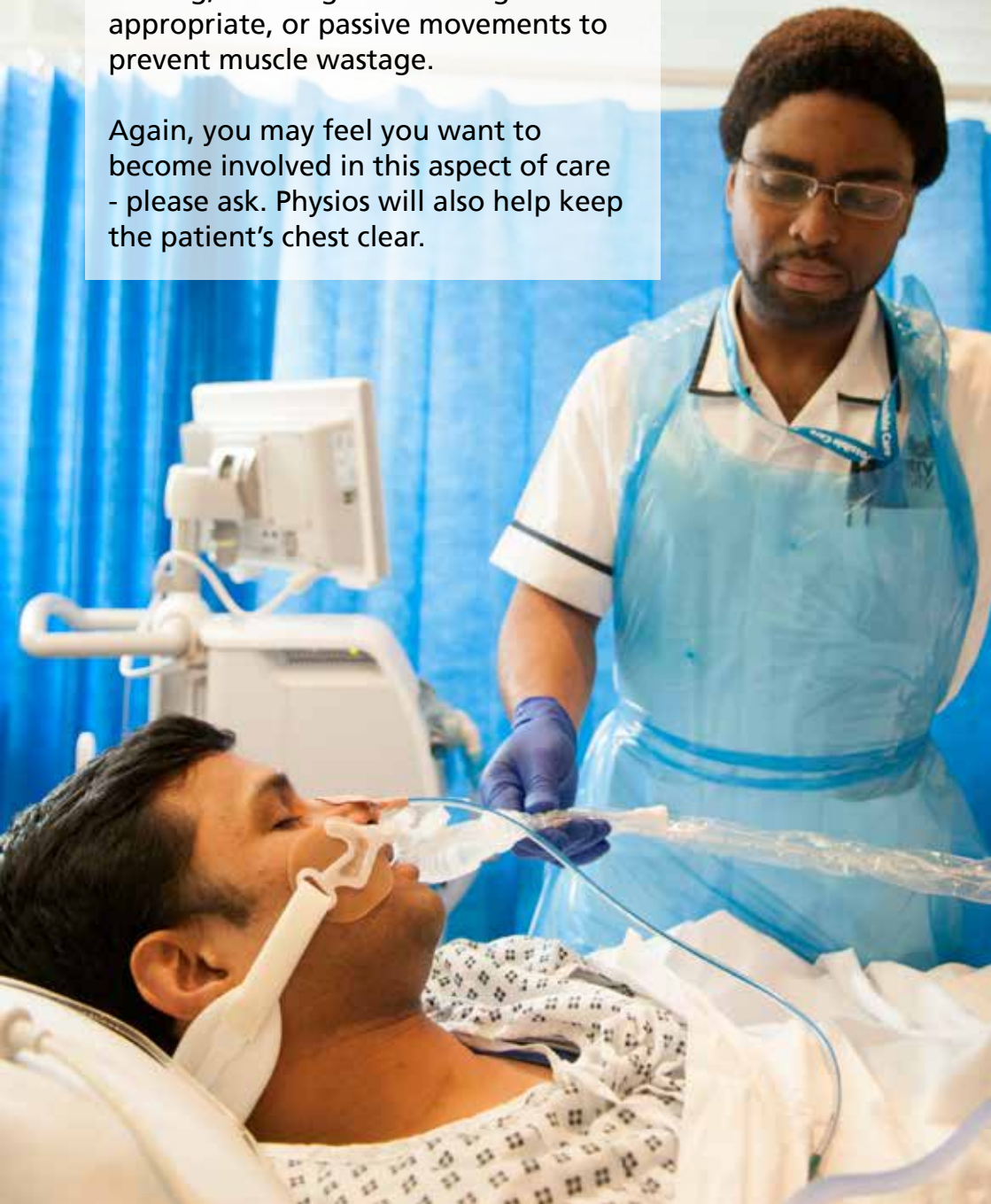
**Junior Doctors** are at varying levels of their training and will be under the direct supervision of the Consultant. They usually wear blue scrubs.





**Physiotherapists (physios)** plan the patient's rehabilitation and assist with moving, standing and walking where appropriate, or passive movements to prevent muscle wastage.

Again, you may feel you want to become involved in this aspect of care - please ask. Physios will also help keep the patient's chest clear.



**Domestic Staff** are responsible for keeping everywhere clean and tidy.

**Operating Department Practitioners (ODP)** are experts in using and looking after all of the equipment we use, and will often assist with procedures and safe transfer of patients. The ODPs wear grey scrubs.



**Clerical Staff.** Our two Clerks will become familiar faces and will always be happy to help. The Clerks wear green and white striped uniforms.



**Other staff you may see;**

**Pharmacists** oversee and ensure correct prescribing, availability and safety of medication.

**Dieticians** ensure that each patient is receiving the appropriate type of food and enough calories and nutrients.

**Speech and Language Therapists** assess and help patients who may have problems with swallowing or speech following time on a ventilator or, who have a tracheostomy.

**Outreach Nurses** are Critical Care nurses who spend time out on the wards helping with patients the ward staff are concerned about. Sometimes they will be involved in bringing a patient to ITU or HDU. Often they will follow patients up when they leave Critical Care for the ward, to make sure everything is going well.



**Practice Educator** Bernadette Prince, is a Sister responsible for the orientation of all new staff and for training and development of staff. She will often be seen working with or observing nurses, or giving teaching sessions.

We have photo boards outside of ITU which will help you identify staff and their roles.



**Specialist Nurse for Organ Donation, Charlotte Hoodless** is based in Critical Care. Our aim is to help everyone to return to good health, sadly despite our best efforts this is not always possible.

As a relative you could be asked to consent to a loved one being an organ and tissue donor. By taking the time to consider their wishes means you can help them to give the most precious gift should that time come.

**For more information visit**

[organdonation.nhs.uk](http://organdonation.nhs.uk)

or

call 0300 123 23 23



# What Does the Equipment do?

## Breathing equipment/ventilator

A ventilator is a machine that assists or controls a patient's breathing via a tube which is inserted into their mouth, nose or windpipe. The ventilator can be set to do all the work of breathing for the patient, or to assist with their breathing. When we are trying to reduce the amount of assistance the ventilator is giving, we will often refer to this as weaning. The nurses/doctors can explain more.

If a patient remains on a ventilator for more than a week, the tube in their mouth may be replaced by a tube directly into the throat (tracheostomy). This procedure is either performed on ITU or in theatre. The tracheostomy is more comfortable for the patient. It aids better communication, mouth care and weaning from the ventilator, as well as reducing the need for sedation.

## Equipment which monitors a patient's condition

Each patient will be attached to a large monitor in the bed space. Wires from the monitor will be attached to the patient via sticky pads and lines. This monitor will display the patient's heart rate and rhythm, and detect abnormalities. The monitor can also show patients' oxygen levels in their blood; breathing rate, blood pressure and temperature and if required, their level of consciousness. Again, the monitor has a lot of sensitive alarms which will sound if there is a change - this may not necessarily signal a problem.

In Critical Care, blood pressure is usually monitored by a small drip inserted into an artery in the wrist or foot (arterial line). We can also use this line to take blood for all routine tests. The line in the patient's neck, as well as being used for giving fluids/medication/bloods/food, can also be used for monitoring the central venous pressure. We will usually refer to this as the CVP line.





prismaflex

History

Patient Data Entered	
Parameter	Value
Age	65 yr
Sex	Male
Weight	70 kg
Height	175 cm
BMI	22.6 kg/m <sup>2</sup>
BSA	1.96 m <sup>2</sup>
BSA Index	1.00
BSA Index	1.00

Look up patient data

Look up patient data

## **Equipment for fluids**

Patients will often have lots of plastic tubes attached to bags or syringes giving them fluids/drugs/blood products. These tubes often go into veins in the side of the neck, arm, hand or groin. The bags and syringes are usually run through pumps which will alarm, usually when treatment is nearing completion.

Food in the form of liquid will often be given via a tube (nasogastric (NG) tube) into the nose and down into the stomach. In certain circumstances, special nutrition can be given intravenously (TPN).

Patients will have other tubes that will remove waste products from them for example, urine/faeces.

## **Kidney Dialysis Equipment**

If the patient's kidneys are not working properly, they may need haemofiltration (see picture on page 21). This is a form of dialysis. This involves attaching the patient via a tube, to a large machine. Often, you may hear this machine alarming. This is usually to signify the end of treatment.

This is just a brief overview of monitoring in Critical Care. Some patients will require extra monitoring and other devices may be used. Nurses/doctors will always be happy to explain or answer any questions.

# Procedures and Investigations

## Line insertions

These can include; arterial line, central venous line, vascular catheter (used for hemofiltration), and venflons (cannulae).

## Insertion of tubes or drains

These can include tubes to remove fluid, urine and faeces.

## Intubation and Extubation

Intubation: The insertion of a breathing tube into the windpipe.

Extubation: Removal of breathing tube.

## Bronchoscopy

Provides a direct view of the upper airways of the lungs and enables the doctor to suction any mucus from the chest. This is generally done in the bed space.

## X-rays and other “scans”

Chest X Rays and Ultrasound are regularly performed in Critical Care. Sometimes we require more extensive imaging of the body that will need a CT scan or MRI. For these investigations, a patient will need to be transferred to the radiology department to undergo the test.

## ECG and ECHO

Electrocardiogram (ECG) provides detailed information about the patient's heart. A patient may also have an ECHO (ultrasound of the heart), to give further information about its function.

## **EEG**

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

We have a folder available with more detailed information regarding procedures and treatments - please ask a member of staff if you would like to read it.

## **Common medicines used in Critical Care**

### **Sedatives**

Most patients in Critical Care will require some sedatives to help them tolerate the care. The amount used will vary. Some patients will need to be in a medically induced coma to allow treatment to work, or just lightly sedated. Medical staff will often describe the patient as being asleep or awake, but this can be affected by sedative medication.

### **Medicines to stop pain**

Analgesics (painkillers) given in Critical Care can be very powerful and can again affect a patient's conscious level.

### **Inotropes and Vasopressors**

Medication such as adrenaline, noradrenaline and vasopressin is used to help a patient's heart work more effectively.

### **Antibiotics**

The antibiotics used in Critical Care are very strong and may sound unfamiliar. They are used with advice from the microbiologist and depending on the patient's response may be altered, changed or added to.



## Waiting for patients to recover

This will be a very difficult time and full of uncertainty and fear. We will do our best to help with this and will always be honest and open about what is happening. However, this can be an uncertain journey. A very ill patient may improve or deteriorate very quickly and sadly, sometimes die. Critically ill patients are often very weak and it is possible for serious complications such as infection or organ failure to develop in addition to their original problem.

## Psychological support

### Delirium

Patients who have been critically ill can often experience delirium. This means they can hallucinate; they may have difficulty remembering things and can feel quite paranoid or appear very withdrawn. They may at times become very restless and resist treatment. They may need medication or other measures to help resolve this. It is usually temporary. This can be very distressing for family and friends but you can help by reassuring them, talking with them and keeping a diary to help them piece together what has happened to them. Sometimes however, visitors can make the agitation worse. Staff will talk you through this and advise. If we feel it's in the patient's best interests, we may limit visiting for a while.

### Follow Up

We have a Follow Up Nurse, Emma Madden. Emma, along with the nurses, will be able to help and advise with the psychological problems affecting patients in Critical Care. We can provide you with a diary and give guidance on how best to use it. Please ask the nurse looking after your loved one. Emma will also invite patients and families back to talk over



their experiences after they have left Critical Care. This can be of great benefit and help patients and relatives to piece things together.

Emma can also give you information on ICU steps - a support group for ex-Critical Care patients, their friends and families.

We are aware that you may need a lot of support during this time. Please talk to us if you are finding it difficult to cope, as we can help.



## Leaving Critical Care

Once considered well enough, patients will be stepped down. Often patients from ITU will go to HDU. Then when ready, from the Critical Care area to a ward. The more normal atmosphere of a ward is an important step in the right direction and patients are only moved when the team feel they are ready. However, it is important to understand that the patient's journey to recovery continues on the ward and they may still require further input from Critical Care. You may feel anxious about the move. If so, please speak to us.

## Other support and facilities

We can arrange for chaplains or priests from all faiths to come to Critical Care.

There is a chapel on site on the ground floor opposite the canteen.

The hospital has a bereavement service and we can access various other support services if required.

All parking on site is charged. We can provide a parking permit at a reduced fee to help with the cost of this. We can give you information regarding local bus services/taxi firms. ITU has a visitor's room with a kitchen area with a microwave and fridge. We have one small bedroom. We can give details of local hotels if required. For HDU there is a small waiting area. There are toilets just by the entrance to ITU.

Entry to ITU and HDU is by an intercom system. Please let us know if you or other family members have any disabilities that may make this difficult to use.

There is a canteen on the ground floor and a café on the first floor (closed at the weekends). Both of these are open until 7pm during the week. There are two shops with limited opening times, a number of vending machines and two cash machines. Staff will be happy to direct you or help with any other information on facilities that you may require.

## Taking care of yourself

It is very important at this difficult time that you take care of yourself. We would advise that you take lots of breaks, eat well and rest. In most circumstances we would encourage you to go home to sleep. We will always inform you of any significant changes and you can ring anytime for reassurance. We also have access to interpreters, so please let us know if you need help with translation of any written material.

This booklet has been developed through feedback, comments and concerns that have been raised by relatives. We hope it has been helpful. Remember, all of the staff are here to help and support you. If you have any questions or worries please talk to us.



## Northamptonshire Health Charitable Fund

Northamptonshire Health Charitable Fund supports both Northampton General Hospital and Northamptonshire Healthcare. Funds raised and donated to the charity are used to support whichever ward or department area you choose. The Charity helps to provide equipment and care above and beyond that provided by the NHS.

Critical Care has been fortunate enough to benefit from the generosity of some of the patients and families that have spent time with us. If you would like to make a donation to Critical Care, please contact either Richard Coxhill (Ward Manager) on 01604 544475 or a member of the Charitable Funds team on 01604 626927.



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