

Visitors to ICU

Intensive Care Unit
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<https://royaldevon.nhs.uk/services/intensive-care-unit-icu/>

When your loved one is admitted to Intensive, or Critical Care, it can be a very stressful time. Though some admissions are planned, most are not, and it is quite usual to feel worried and upset.

This booklet aims to provide practical information, and advice on what to expect. We have a large number of staff, from doctors and nurses to clerical and voluntary staff who are available to support you and your families, and provide information as necessary. Some of our voluntary staff have first-hand experience of the intensive care environment, and can offer particularly valuable support.

We understand that the information you are given may be overwhelming, or forgotten at such a difficult time. We hope that this booklet will act as a resource for you to take away and refer to later.

In today's society, family dynamics can sometimes be diverse and at times complicated. The term `relative` is used throughout this booklet to simplify the text rather than to exclude individuals. This booklet is aimed at anyone the patient may consider to play a significant role in their life, whether that is a spouse, a relation, a long term partner or very close friend.

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Introduction

Approximately 300,000 patients are admitted to intensive care in the UK every year. For patients and relatives, this can be a frightening experience, and you may find it difficult to cope at times. All the staff are committed to helping you during this time as much as possible

Why are people admitted to Intensive Care?

Intensive Care Units (ICUs, also called Critical Care Units) are specialised areas within a hospital. They look after patients whose conditions are life-threatening and need constant, close monitoring and support from highly trained staff, equipment and medication. There are many reasons why people may need care in ICU. These range from a planned admission for observation following a major operation to supporting the function of major organs such as the lungs, heart and kidneys following a sudden illness or accident.

Intensive Care Units in the UK are run and staffed by specialist doctors and nurses who have undergone extensive training in intensive care. These people will manage patients admitted to the unit, with involvement of other specialists as needed.

The staffing levels are higher than the normal ward such that one nurse will often look after one or two patients. Medical staff are always present on the unit and there is always at least one consultant on duty to ensure that patients have immediate access to a senior medical opinion.

A wide range of specialised equipment is used in the ICU that is not available on the normal hospital ward. This allows very close monitoring of vital body functions and temporary support of those functions that cannot be maintained by the patients themselves.

The length of time patients spend in ICU depends on how ill they are and may vary from a few days to a number of weeks.

What happens on admission and what can I expect?

When your relative is transferred to us we need to assess their immediate needs, stabilise their condition and make them comfortable. In order to do this we may need to insert various devices and tubes and attach them to our equipment. This can take some time and may mean that you cannot visit for between one and three hours after your relative is admitted.

We appreciate that you will be anxious to see your loved one and that it can be frustrating waiting for news. We aim to keep you informed of progress and will allow you to visit as soon as possible.

It is important that we have as much personal information as possible specific to each patient. We will therefore ask you to fill in a patient communication form shortly after your relative is admitted to the unit, which will provide us with personal information such as the name your relative likes to be called, names and contact details of close family members/next of kin, and other relevant information such as pets' names, occupation and favourite leisure activities.

Within the first twenty-four hours of admission, we aim to offer the patient's relatives the opportunity to discuss patient care and progress with the duty consultant, or a senior member of the medical team. Updates on this information will usually happen after the morning ward round, or may occur at the bedside during afternoon visiting.

Entering the Unit

The Intensive Care Unit has one central entry point into a visitors' waiting area. There is a reception area which is staffed by the ward clerk during the day, and an entry intercom system for when the reception area is not manned.

Please push the button and a member of staff will ask who you have come to see. They will tell you if it is possible for you to come straight in or if you need to wait in the waiting room. If the unit is very busy, there may be a delay in answering the intercom. Please bear with us,

and if no-one answers after a few minutes, ring again. Once through these doors, a member of staff will come out to greet you if you have not been in before, and show you to the correct bed space. The waiting room is on the right if you have been asked to wait in there.

The unit has 15 beds in total, located in 2 separate areas. All bed spaces are equipped with the same monitoring and support services.

Infection Control

Please remember to use alcohol gel on your hands when entering or leaving the Unit, to assist with infection control. The gel is available at the entrance to both areas.

Put one squirt of gel into the palm of your hand and rub hands together quickly until they are dry again (about 30 seconds).

If you have any concerns regarding hand hygiene please feel free to discuss these with a member of staff.

When you enter the Unit for the first time there is a lot to take in.

The environment is noisy and can be overwhelming, and your relative may be connected to monitors, drips and machines. They may also be sedated.

Your relative may look different. They may have a bit of facial swelling, which is common in critically ill patients. They are likely to have lines or drips in their neck, arms and, possibly, feet. These lines are necessary to give medicines and monitor your relative's condition. There may be a tube in their nose, which passes into the stomach to allow liquid food to be given. Your relative may also be wearing an oxygen mask or have a special tube in their throat or neck where they are connected to a ventilator (breathing machine) to help them to breathe. Most patients also have a urinary catheter and, occasionally, surgical drains.

You may hear buzzers and see numbers on the monitors flash. Try not to be unnerved by this, it is quite normal. The buzzers are set as an early prompt to alert the nurses to the slightest changes in the patient's condition.

Visiting the Intensive Care Unit

Visiting times are:

Visiting is from 11:00 am - 01:00 pm

Patient rest hour is from 01:00 pm - 02:00 pm with no visiting.

Afternoon visiting is from 02:00 pm - 08:00 pm

Can we suggest that you try to visit in the afternoon as much as possible because the mornings are often busy with ward rounds and other interventions, and you may be asked to wait in the waiting room for long periods if you visit during these times. In addition, it is often easier to arrange to speak to the doctors if you visit in the afternoon.

The Intensive Care Unit is situated on Level 2 of the main hospital building, at template K. The main entrance and emergency departments are on level 1, and there are lifts and stairs up to the upper level. The Princess Elizabeth Orthopaedic Centre entrance is on level 0.

Visiting relatives on Intensive Care is important for both relatives and patients – particularly as the patients get better. However, we recommend that, as much as possible, visitors should be immediate family or friends who are designated as next of kin. There are no time restrictions on parents visiting young children under 16 years of age.

Visiting can be emotional and exhausting for both visitor and patient. We suggest you try to keep visits short. It is important for you to get lots of rest and to have regular drinks and meals. The nurses and doctors will look after your relative, but it is important that you look after yourself so you are strong when your relative needs you.

Due to lack of space and safety for you and your relative we allow only two visitors at the bedside at any one time.

Children are welcome to visit as long as their parents feel it would be beneficial. Many children, if appropriately supported, can find visiting a close relative in intensive care very helpful in their understanding of what is happening.

Alternatively, for some children, this may not be appropriate. Please feel free to talk about this with your relative's nurse/doctor if that would help. We can also access support for children from the staff on the children's ward where necessary.

We ask you to use your own discretion and consider the risks of infection on a young immune system when deciding whether to bring a baby to visit.

Whilst we would like to support your visiting needs as much as possible, our prime focus is on the care of your relative. For this reason it may be necessary to interrupt your visit and ask you to leave your relative's bedside temporarily while we carry out personal care, position changes or attend to more urgent needs. You will also be asked to leave during medical ward rounds in order to maintain patient confidentiality and during rest hour between 13:00 - 14:00.

We understand that this can be frustrating, particularly if you have limited time available to visit, but we ask you to bear with us.

In exceptional circumstances, visiting may be allowed outside the set times. This can be discussed with the nurse in charge.

If you are asked to leave the bedside we will try to estimate how long you will have to wait. If you feel you have been waiting at least 30mins longer than anticipated or if you are worried please ring the bell to enquire.

To maintain our patients' privacy and dignity we ask you not to re-enter the Unit, or investigate behind curtains, to see if your relative is ready, until you are invited to do so.

If your relative is in hospital for a long time, visiting can become hard. It is common to feel 'useless' at this time. This is a normal reaction. You could pass the time reading your loved one the newspaper or their favourite book or writing a diary. With the support of your nurse you may be able to help in the personal care of your relative, for example, brushing their hair, washing their face or massaging their hands and feet.

Talking to and touching your relative

Your relative may be unconscious as a result of their illness or the drugs given to them to keep them comfortable. They may be able to hear you even if they cannot respond. Although it may feel strange, talk to them normally to let them know you are there. They are more likely to recognise or respond to a familiar voice and will draw comfort from your presence.

Do not be afraid to touch your relative. Though the equipment and tubes may be unnerving, remember they are still the person you know underneath. You may wish to hold their hand; your nurse will show you how to do this safely.

One of the results of being sedated on intensive care is that patients may not have any memory of that time. Some relatives have found it helpful to keep a diary of the patient's stay in intensive care, and we can help you with this.

The nurse at the bedside will start a patient diary for your relative. In the visitors room there are inserts for you to write your own entry into the patient diary.

These diaries have been shown to be helpful to the patient as they recover, as they help fill in memory gaps and help them understand what happened to them during their illness.

What can I bring my relative?

Patients often appreciate their own personal items and toiletries such as

- small soft toothbrush and toothpaste
- liquid soap or shower gel
- comb or hairbrush
- personal toiletries your relative may normally use
- aerosol deodorants rather than roll-on varieties due to infection control
- dentures, spectacles and hearing aids to make communication easier
- razor, if electric please make sure it is fully charged
- photographs and cards from well wishers

Any other property will need to be taken home, due to lack of space and storage facilities. Anything of value, especially money or jewellery, will be sent to the hospital safe or given to you to take home. Flowers are not allowed for Infection Control.

The ICU Team

Staff in the ICU work as a team to care for all patients. In addition to the doctors and nurses, you may see other members of the team who contribute to patient care. These include physiotherapists, pharmacists, dieticians and radiographers, as well as members of other medical and surgical teams.

The Royal Devon and Exeter Hospital is a teaching hospital so you may well see student nurses and medical students being taught.

In addition, the ICU participates in local, national and international research and you may meet members of the research team.

Physiotherapy

Physiotherapists work as part of the critical care team and have specialised skills in the management of critically unwell patients. Not every patient who is on Critical Care needs physiotherapy; Patients receive individual assessment as and when appropriate.

Physiotherapists working as part of the team are key to improving lung function, reducing the incidence of some hospital acquired infections, helping patients get strong enough to come off the ventilator and enabling safe and early discharge from the intensive care unit.

Physiotherapy is an important treatment that prevents and minimises the side effects of prolonged bed rest and being on a ventilator during critical illness. Rehabilitation delivered by the physiotherapist is tailored to patient needs and depends on how awake your loved one is, how they feel psychologically and how strong they are. It uses active and passive therapies that encourage movement and by using physiotherapy early, loss of muscle mass and generalised weakness can be minimised.

Early physiotherapy of patients who are

ventilated is safe, well-tolerated and has shown to result in a shorter stay on the intensive care unit, with fewer of the side effects of heavy sedation. Early rehabilitation results in improved lung function and muscle strength and increased physical ability once discharged from hospital.

It is our aim to provide a high standard of care to all patients admitted to the Intensive Care Unit. We aim to provide patients with the individual care and support they require to aid their recovery and maintain their privacy and dignity at all times. We will always act in the patient's best interests, acting as patient advocate when required. We attempt, wherever possible, to discuss with patients the treatment and care given and to encourage them to express their wishes.

Communication with the Unit

The intensive care team will keep you informed of your relative's progress on at least a daily basis. The members of the team will always do their best to answer your questions accurately and promptly, but at busy times there may be a delay before one of us is available.

If you would like to speak to the doctors caring for your relative, please ask the nurse at the bedside, who will be able to arrange this for you.

Experience has shown that communication works more effectively if the family nominates one person as the contact point. Having one contact also helps to safeguard patients' confidentiality. A good time to call and enquire about your friend/relative is after the team have reviewed your relative on their ward round.

During the day, we try to provide availability of a senior member of the medical team to speak to relatives who require a detailed update. Please ask the nurse at the bedside if you would like to talk to the doctor during this time, and we will do our best to ensure it happens. We hope you understand that occasionally, due to clinical commitments, this may not always be possible.

Telephones

Unit telephone numbers:

01392 402424 or 402423 (beds 1-10)

01392 406420 or 406421 (beds 11-15)

Of course you may telephone to ask about your relative at any time. Please try to nominate one person to do this, who can then pass on relevant information to others. This reduces the number of telephone calls, and hence interruptions, for the team caring for your relative.

Mobile telephones

Please **turn off your mobile phone** in and around the Unit. You may use it in the waiting room, or outside in the courtyard area, where the signal is often much better.

We respectfully ask you particularly not to use a 'phone with a camera or recording device.

Facilities on the unit

There is one main waiting room and a small interview room. The small room is used if the medical team need to speak to relatives privately.

The main waiting area is required to be used for all of the families of patients on the unit. It has a cold water Fountain and a visitor toilet. There are more extensive refreshment facilities in the main hospital – please see below.

Please help our domestic staff to keep the waiting areas clean and tidy by leaving them as you would wish to find them.

Please do not leave valuables unattended.

Please remember that smoking is not permitted anywhere within the hospital grounds.

Shops and hospital services

There are several shops and eating areas within the hospital. At the main entrance there is a cash point, a coffee shop and a sandwich shop.

Other services near the main entrance:

- Boots Pharmacy – dispensing prescriptions, and selling food and general healthcare items

(as on the high street). Opening hours: Mon – Fri: 9.00 am - 6.00 pm; Saturdays: 9.00 am - 1.00 pm

- PALS - Patient Advice and Liaison Service
- Visitors' toilets
- Post box
- ELF charity shop
- Information desk

TLC Restaurant - level 2, area D, serves hot and cold meals. There is also a cashpoint machine here.

Opening times every day 7.30 am to 8.00 pm. Out of hours there are vending machines supplying hot and cold snacks and drinks outside this restaurant. There is also a vending machine on the long 'E-link' corridor between the main hospital and Clyst/Creedy/Ashburn and Yealm wards.

Coffee Shop - level 0, at the Princess Elizabeth Orthopaedic Centre entrance. Offering a selection of fresh salads, drinks, baguettes and healthy sweet options.

There is also a coffee shop open 07:30 am - 17:00 pm near the main entrance.

Opening times Mon - Fri 7.30 am - 3.00 pm

PALS Centre – 01392 402093/402071

Our PALS centre provides advice and information on a wide range of health related topics. We also offer:

- Services for people with disabilities
- Information in large print, Braille and easy read formats
- Information on audio tape and CD-ROM
- Communication and interpreter services.

Other Information

Parking

The Car parking facilities are number plate recognition, payment is made on leaving, there is an option for late payments to be made on-line. There is a £30 ticket issued for non-payment.

Park & Ride is unchanged. A parking exemption may be arranged for one car for relatives staying overnight in the hospital whilst the patient is in intensive care. Please ask the ICU ward clerk if you require an exemption.

Public Transport

Bus timetables are available from the information desk in the main entrance on level 1 and at the individual bus stops outside.

Accommodation

There are a limited number of overnight stay rooms located in the hospital for emergency use. Please ask the nurse caring for your relative/friend if you require one of these. A charge will be incurred for their use and stay is very limited.

We can also provide you with a list of local hotels.

Chapel

The hospital has a Chapel located on level 2, area O, near the Oasis restaurant. This is a tranquil place for quiet reflection or prayer. It is open day and night and caters for persons of all faiths.

Pastoral care and support are available to patients and their relatives, regardless of faith or beliefs. If requested a chaplain will visit patients on the Unit. An on call service can be requested out of hours by contacting main hospital switchboard on **01392 411611**.

How long will my relative need Intensive Care?

The course of critical illness is unpredictable and your relative's condition may fluctuate widely. Staff will keep you informed of all important changes. The outcome of serious illness and the effectiveness of the treatments we use can often be uncertain as each person responds differently. Length of stay can vary from as little as twenty four hours to several weeks.

As long as treatments are continuing to be beneficial, we will continue to support your relative with the necessary treatments and care to aid their recovery.

Sadly, in spite of all the efforts of the staff and medical knowledge, some patients will deteriorate and die. This will rarely be a sudden and unexpected event and we will spend time discussing this with you in a sensitive way, aiming to provide realistic and honest information about your relative's condition and progress in a way which you will understand.

Bereavement will be a sad time and the doctors and nurses will do all they can to prepare relatives and ease the burden. Religious support is always available to those who wish it.

Organ and tissue donation

Organ and tissue donation is the gift of organs and/or tissues donated after death to help someone who needs a transplant. Hospital staff are committed to doing everything possible to save lives and organ and/or tissue donation is only considered after all attempts to save life have failed. When people die in intensive care it may be possible for them to donate organs and/or tissues. Many people have made decisions in their lifetime about donation and it is important for the hospital staff caring for your relative/friend to find out what these wishes are. To be able to explore if a patient had expressed a wish to donate, hospital staff will always check the organ donor register and ensure that they, or a specialist nurse in organ donation, discuss organ and/or tissue donation with you as the patient's relatives.

If you would like more information on organ and tissue donation, further details can be found in the information folders in each of the relatives' waiting rooms. We also have a specialist nurse in organ donation available 24 hours a day who will provide information, advice and support.

Your nurse can call them for you.

Please be aware that the team will contact you by phone following your relatives death to confirm details of regarding tissue donation.

Leaving the Intensive Care Unit

When your relative is better and no longer requires the specialist skills of the intensive care team, they will be transferred to a ward or a specialist rehabilitation unit. Here your relative will not have a nurse at the bedside and there will be less equipment, because it is no longer necessary. Your relative will return to a more normal atmosphere.

This transition period can be a worrying time. It is common for both you and your relative to feel vulnerable or apprehensive but this is natural and should be seen as a positive step towards recovery.

You will soon get to know the nurses on the new ward and gain a rapport with them.

Your relative may not remember much about their time on the Intensive Care Unit. The effects of their illness, the medication they have been given and lack of proper sleep and rest may leave patients feeling stressed and confused about what has happened to them. Your relative will rely on you most at this time. You can help them by remaining calm and reminding them of things that are familiar to them. In time you will be able to explain what has happened to them on the Intensive Care Unit.

Following discharge

Following discharge from ICU, patients may continue to receive visits from members of the ICU team to provide support to the nurses and doctors on the ward.

Following discharge from hospital, the patient or family will receive a letter within a few weeks with a feedback questionnaire and an invitation to return to the intensive care follow up clinic to discuss any aspect of their treatment with one of the ICU doctors or nurses.

If your relative sadly dies on Intensive Care, you will be contacted by a member of the team a few weeks later to offer the chance to come back into the hospital and speak to a member of the medical team.

ICU follow up service

Many patients who survive a period of critical illness have ongoing psychological and physical issues that can persist for some time following discharge from hospital (see our booklet – After Intensive Care).

We aim to ask all of our patients back to our ICU follow up service 3-6 months after they have recovered, to discuss some of these and provide support and any follow up care, and you may receive an invitation to this effect in the future.

Give us your views

We hope that your experience of the Intensive Care Unit will be a positive one, but we are always looking for ways to improve our services. You can help us to decide those changes.

There is a **comments box** in the waiting room where you are free to leave us your ideas. Please let us know what you felt was good or bad about the service you received.

Complaints

The Intensive Care Team aims to provide a high quality service, however we appreciate that sometimes problems do arise. If you have any issues or concerns please speak to a member of staff. Regardless of how busy we may seem, we are always happy to help resolve any issues.

If you feel that the problem is not being dealt with appropriately, please speak to the nurse in charge or to one of the consultants.

If we are still unable to resolve things you may wish to discuss your concerns with the Patient Advice and Liaison Service (PALS). PALS is a confidential service where you can get advice and support, and if necessary information on the Trust's complaints procedure. It is open 0930-1630 Monday – Friday.

How to contact PALS

Telephone: 01392 402093

E-Mail: rduh.pals-eastern@nhs.net

Or write to: Patient Advice & Liaison Office
(PALS)

Patient Services
Royal Devon and Exeter Hospital
Barrack Road
Exeter
EX2 5DW

Other support and Information

Benefits

If you are in hospital for 6 weeks or more if you are claiming benefits you may be able to claim additional benefits if unable to work or require care.

Sickness benefit

Please ask a member of staff if you need a 'confirmation of hospitalisation letter' for your relative on the Unit.

Your local Social Services Department can provide advice with benefits or support with family issues whilst your relative is an inpatient.

The Intensive Care Society

Society of intensive care clinicians that has a useful patient and relative section.

www.ics.ac.uk

NHS Choices

The Health Unlocked Intensive Care Forum:

A forum for relatives of ICU patients.

www.healthtalk.org

<https://healthunlocked.com/intensive-care>

DIPEX

A website providing information and personal experiences of health and illness which includes interviews with patients who have been in intensive care.

www.dipex.org/intensivecare

Intensive Care Steps –

Intensive Care patient support Charity

ICUsteps is the United Kingdom's only support group for people who have been affected by critical illness and has helped many former patients, their relatives and medical staff from organisations around the world.

www.icusteps.org

Intensive Care National Audit & Research Centre

The website has a useful section for patients and relatives.

www.icnarc.org/patients/after-critical-care

Patient UK

www.patient.co.uk

Devon Carers

www.devoncarers.org.uk

Tel: 03456 434435

Breatheasy Devon (British Lung Foundation)

www.blf.org.uk

www.blf.org.uk/support-in-your-area/breathe-easy-east-devon-support-group

Tel: 03000 030 555

Citizens Advice

www.citizensadvice.org.uk

Tel: 03444 111 444

Samaritans

A help line is open 24hours a day for anyone in need of emotional support. Tel. No. **0845 790 9090**, or **01392 411711**

E-mail jo@samaritans.org

Spinal injuries Association – SIA

Providing information and advice for people with spinal cord injuries

Tel: **0800 980 0501**

E-mail sia@spinal.co.uk

Cruse

A national charity offering support to anyone who has been bereaved. Trained Cruse volunteers can visit you at home or talk to you over the telephone.

24 hour support **0844 477 9400**

www.crusebereavementcare.org.uk

UK Transplant

Providing information and useful links on organ and tissue transplant.

www.uktransplant.org.uk

Child Bereavement

Providing support and advice for children who have lost a parent.

Tel: **01494 568900**

www.childbereavement.org.uk

This page is left blank for your notes and questions, and to note down useful contact details if required.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

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