

Comments

The Trust endeavours to ensure that the information given here is accurate and impartial.

If you require this information in another language, large print, audio (CD or tape) or braille, please email the Patient Information team at patient.information@ulh.nhs.uk

Excellence in rural healthcare



Welcome to the Intensive Care Unit

Pilgrim Hospital
Direct Line: 01205 446232/445628

www.ulh.nhs.uk

When English is not your first language

Communication between doctors and patients is often difficult, even when you both speak the same language. Many patients find it difficult to ask questions. If you do not speak English, you may need an interpreter to help you communicate.

Ask your GP to tell the hospital that you will need an interpreter, or tell the nurse in charge of your ward. Alternatively, get someone to write a note in English asking for an interpreter.

Please see the translation below:

Polish

Kiedy język angielski jest twoim drugim językiem.

Porozumienie się lekarza z pacjentem jest bardzo ważne, ale może być trudne nawet wtedy, kiedy obie strony mówią tym samym językiem. Gdy jednak dochodzi do trudności językowych może to być wręcz niemożliwe. Dlatego też możesz potrzebować tłumacza, który pomoże ci w rozmowie.

Jeśli potrzebujesz tłumacza poproś GP (lekarza domowego) aby poinformował o tym szpital, albo poproś nurse in charge (pielęgniarkę oddziałową) na oddziale na którym przebywasz.

Zdanie poniżej oznacza, że potrzebujesz tłumacza:

"I need an interpreter, please"

Charitable donation to ICU

Donations are always gratefully received. Charitable money is not used to provide a basic level of care but for improving patient and family care.

If you would like to make a donation to the unit please speak to a member of staff.

Are we giving a good service?

Our aim is to provide the best possible care to patients who are critically ill, in a setting which is sensitive to the individual needs of the patient and their families.

If you have any comments about the care or service your relative and family received we would like to hear them. We welcome hearing about what we are doing well and any way we could improve our service for the future.

The best way is to talk, either to a member of staff, the Nurse in Charge or the ICU Matron.

If you would prefer not to discuss the issue at the time, you can write to the Nurse Matron.

When you no longer need this booklet, please write any comments on the last page of the booklet so we can improve our service to patients and relatives in the future and hand the booklet to any member of staff. Place it in an envelope if you wish it to remain confidential. All comments will remain anonymous.

And finally....We hope you have found this information helpful. If there is anything you do not understand or you need help with in any way please ask a member of the ICU staff.

- Severe weakness and fatigue
- Joint stiffness
- Sleep disturbances
- Numbness in fingers and toes
- Changes in mood
- Changes in voice
- Weight loss
- Hallucinations and dreams that feel very real

Patients or relatives are advised that if they would like to discuss any of the above issues please do not hesitate to speak to the Critical Care Outreach staff. The nurse on the ward will be able to contact them.

Attending the ICU Follow- Up Clinic

Patients who have spent a prolonged period of time in ICU on a breathing machine may have an appointment sent to them to attend a Follow-Up Clinic.

The Intensive Care Follow-Up Clinic offers the opportunity for patients and relatives to discuss any issues that have arisen in recovering from critical illness following hospital discharge. The clinic will provide further support and advice as required and reassess if there are any further needs. If so, the clinic is able to refer patients for further specialist care if it is needed. Such specialists may include physiotherapists, dietitians or psychologists.

To enable improvement of our services patients are provided with an opportunity to feed back on the care received in Intensive Care and throughout their hospital stay. This is an ideal opportunity to voice any concerns or gratitude for any particular issue that you may not have otherwise voiced.

Contents

When English is not your first language	2
Welcome to the ICU	4
The Intensive Care Unit	4
Visiting hours	4
Who can visit.....	5
Telephoning the unit.....	5
Who will be involved in my relatives care?	6
How to identify staff members	6
What other health professionals might I see?	7
Equipment used on ICU	8
What items of property can I bring in?.....	8
Infection Prevention	9
Food and Drink.....	9
Facilities	9
Rest & Relaxation	9
Use of mobile phones	10
Parking	10
Smoking	10
Overnight accommodation and Caring for yourself	10
Fire Alarms & Safety	11
Transfer to other hospitals.....	11
Hospital addresses.....	11
What to expect following discharge from ICU.....	12
ICU Follow-up clinic	14
Charitable donations to ICU	15
Are we giving a good service?	15

Welcome to the Intensive Care Unit (ICU)

We are on the second floor of the main hospital. The entrance to the Unit is in the lift lobby area.

When your relative needs intensive care for whatever reason, we understand it is a very anxious time for yourself and your family.

We hope this booklet will help to introduce the ICU and provide some useful information to help you through your relative's stay and also to answer some of the many questions you may have.

The Intensive Care Unit (ICU)

The ICU at Pilgrim Hospital has 12 beds which includes 4 isolation rooms (2 of which are ensuite) where patients receive treatment for serious illnesses, injuries or following major operations.

When your relative is admitted they will be seen and assessed by the ICU doctors and nurses. This will take more than an hour because we are assessing the patient's most immediate needs.

During this time we need to insert lines and attach the patient to necessary equipment.

We ask for your patience at this time.

The patient is always our priority. However, we will try to keep you updated as frequently as possible.

Visiting hours

Normal visiting times for the ICU ward are between:

2:30pm – 4:30pm

6:30pm – 8:00pm

Accessibility to nursing staff

Many wards have designated beds for patients who are discharged from ICU. These beds are usually in a bay more accessible to nursing staff, recognising that patients who have been critically ill may have greater needs. On occasions this may mean that patients are nursed in mixed sex bays. If you have any concerns please let a member of the nursing staff know before you leave the Unit.

Ward staff will be familiar with looking after patients who have been critically ill

The ward staff will have been informed of the patient care carried out in ICU. Soon after discharge from ICU the patient will be seen by a practitioner with a ICU background. These practitioners are called Critical Care Outreach and they follow up the progress of the patients and can answer any questions with regards to the patients ICU stay.

Being visited by the Critical Outreach Staff on the Ward

When the Critical Care Outreach staff visit a patient on a ward they assess the patients' specific care requirements and work with staff to ensure that all needs are met.

The Outreach staff follow a patient's progress on a ward and monitor recovery and thus ensure good continuity of care. They also give patients the opportunity to talk about any concerns about the nature of their illness or the treatment/care received in ICU.

Some patients have reported experiencing some of the following issues on discharge to the ward.

These include:

- No memory of ICU and what happened

Glenfield General Hospital
Groby Road
Leicester
Leicestershire
LE3 9QP
01162 563484

Leicester General Hospital
Gwendolen Road
Leicester
Leicestershire
LE5 4PW
01162 588179

What to expect following discharge from ICU

Going to a ward is a sign that patients are getting better

Going to the ward is an important step forward. Patients are usually transferred from Intensive Care when they no longer need the specialist skills of the ICU team. When discharged to the ward, many patients have reported feelings of apprehension, anxiety and isolation. These feelings are quite common as patients have got to know the staff and the routine of care in ICU and have become used to the security of being cared for by one nurse. At this time the bedside nurse aims to 'step back' a little.

There will be fewer nurses on the ward

There are fewer nurses on the ward for the number of patients compared to an ICU. This reflects that patients are now ready to be more independent. This is a very important part of the recovery process. Even though a patient cannot see the nurses all the time, as they could on the ICU, they are still nearby. A call button will be placed within reach and if you need any help press the call button and the nurses will answer as quickly as they can.

Routine of care will be different

The routine of care will be different on a ward. For example, when a patient is getting better they will not require such frequent observations or physiotherapy. The drugs may be administered at different times during the day.

In special circumstances, visiting hours can be discussed with the nurse in charge. Please remember the patient's care is ongoing during visiting and again you may have to wait outside.

Who can visit

We ask that only close family/friends visit and that only two visitors are at the bedside at any time. This allows the nurse to continue caring for your relative/friend.

Many patients are heavily sedated and attached to a ventilator (breathing machine). But we assume the patients can hear what we are saying and try to speak quietly and reassuringly around the bed. Your voice and touch will be familiar and comforting, so please talk to your loved one normally and ask the nurse whether you can touch them.

Children can visit but this should be discussed with the nurse in charge of ICU. Children should be supervised at all times.

For a variety of reasons we take great care when allowing children to visit patients on the unit. Please ask the nurse in charge if you would like someone under 16 years old to visit. This may be accommodated but children need to have careful preparation for what can be a distressing experience.

When can I telephone the Unit?

You can telephone at any time. The nurse looking after your relative will inform you of their condition. It would be appreciated if you could nominate a family member to call and then pass the information through the family. This means the nurse is not called away from caring for your relative too frequently.

Please also be aware that nursing staff cannot give out detailed information over the telephone.

The telephone number for the Unit is: 01205 445628.

Who will be involved in my relative's care?

Patients are seen by an ICU Consultant every morning from 9:00am. Visitors, who have been given extended access, will be asked to wait in the waiting room while this is in progress. This is necessary to protect patient confidentiality.

Patient notes are stored on the bedside computer and remain confidential. However, should relatives wish to be updated on the patient's care, the bedside nurse will answer all the questions honestly. They can arrange for one of our doctors to speak with you and other family members if a formal update is required.

A Staff Nurse will be responsible for one or two patients. There are also specially trained health care assistants on the Unit. A Sister, Charge Nurse or Senior Staff Nurse is responsible for each shift.

ICU is a teaching environment. Students are encouraged to question practise and are closely supervised during their placement with us.

Other members of the ward-based team are the Ward Manager, Ward Clerk, Administration Clerks and Domestic Staff.

How to identify staff

Matron	Navy Tunic/Dress with Red Trim
Senior Sister/Charge Nurse	Navy Tunic/Dress with White Trim
Junior Sister/Charge Nurse	Blue Tunic/Dress with White Trim
Staff Nurse	White Tunic/Dress with Navy Epaulets
Healthcare Support Worker	White Tunic/Dress with Red Epaulets
Student Nurse	Grey Tunic/Dress
Domestic Staff	Green Tunic/Dress
Ward Receptionist	Navy blue with diamond pattern

Fire alarms and safety

Do not enter the hospital if the fire alarm is sounding, stay where you are until the alarm stops and the all clear is given.

If the alarm sounds when you are in the hospital, stay where you are and do not use the lifts. A continuous alarm sounds in the event of a fire and staff will inform you what to do. The fire alarms are tested weekly on a Monday afternoon at 4:30 pm.

Transfers to other hospitals

At times a decision has to be made to transfer a stable, (possibly ventilated) patient from our ICU to another hospital's ICU. The patient will be transferred safely with an Anaesthetist and a qualified assistant.

In some cases this is to gain more specialised care for the patient. In other cases it is an emergency situation.

Priority of a bed within the ICU will be given to the patient who is unstable and for whom transferring out to another hospital would be detrimental.

The consultant will decide which patient is suitable to be transferred, to make a bed available for a new emergency. Many factors are taken into account when the consultant makes his decision, if time allows, this will be discussed with the patient and/or relatives/friends.

Hospital addresses and telephone numbers

Nottingham University Hospital Queen's Medical Centre Derby Road Nottingham Nottinghamshire NG7 2UH 0115 924 9924 ext 67347	Lincoln County Hospital Greetwell Road Lincoln Lincolnshire LN2 5QY 01522 573612 (ICU) 01522 512512 (switchboard)
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Can I use my mobile telephone in the Unit?

For the privacy and dignity of all our patients and visitors, it is hospital policy for mobiles to be switched off before entering ICU.

If you need to make a call please use the Visitors Room. Alternatively there is a payphone in the main reception area – otherwise you will need to leave the hospital building.

Parking

Car parking at the hospital is very limited and there is a charge which you pay on exit. However, for visitors who are visiting regularly, a concession is available. Please ask the ICU staff for an authorisation slip.

Smoking

The United Lincolnshire Health Trust is a smoke free trust. There are clearly signed designated smoking areas within the hospital grounds.

Free NHS smoking Helpline, 7 days a week 7.00am to 11.00pm
0800 022 4332

Overnight accommodation and caring for yourself

It is important to stay well – visiting Intensive Care can be stressful and hard work. Make sure you get plenty of rest and eat when you can. To start with you may want to be here all the time, but most people fall into a routine after a while. It is not helpful to exhaust yourself – your loved one will need you to be on top form when they are recovering! If you need to be nearby we may be able to provide details of local B&Bs. Some people may not want to visit every day, or for several days at a time. That is fine with us – just do whatever you feel comfortable with. You can phone us at anytime.

What other health professionals might I see?

Physiotherapists visit daily and assess each patient, helping to clear their lungs. They also exercise patients' joints to enable them to keep a good range of movement. This is important when they begin to undergo rehabilitation such as walking again.

Pharmacists ensure that the medication recorded on the medicine charts is appropriate, accurate and safe to administer. They advise doctors on the medicines on ward rounds

Radiographers come onto the Unit to take X-rays of patients, mainly with a portable machine. During this procedure we will ask relatives to move to a safe distance. Occasionally patients have to be moved for more specialist X-rays such as a CT scan or MRI scan.

Dietitians visit three times a week to ensure the patient is receiving the correct amount of calories and appropriate nutrition.

Microbiologists are doctors who specialise in the advising and monitoring of infections and their prevention. They also advise on appropriate antibiotic use.

The Hospital Chaplain is available at any time for patients and relatives. He/she is willing to listen and give support. For up-to-date information on services please see the notice board in the relatives' room. If you have any special religious or spiritual needs, please advise a member of the nursing staff who will contact the Chaplain for you.

Specialist Nurses are specially trained nurses whom we may call on for advice, for example with regard to pain control, diabetes, or wound/stoma care.

Equipment

Intensive Care is a 'high-tech' place. There may be a lot of equipment around the bed space. The doctors and nurses will explain what everything is there for. Try not to watch the pumps and monitors too much – ask if you want to know about any changes. Do not be worried if alarms are sounding, as these are often for information.

Example of equipment used within the Intensive Care Unit



What items of property can I bring in?

We have limited storage space for personal belongings but we would like you to bring in toiletries such as soap, deodorant, shampoo, conditioner and a hair brush/comb. Toothpaste and a small headed toothbrush or battery powered toothbrush are the best for mouth care.

Unfortunately, due to the limitations in space on the Intensive Care Unit and the hospital's Infection Prevention Policy, we do

not allow floral gifts or plants on the ward.

For safety reasons and safekeeping, we will remove all jewellery, especially rings as patients' hands can swell. Should we be unable to remove rings, then we may have to cut them off and give them to you when you next visit.

Any money or other valuables will also be returned to you as we cannot be responsible for their safekeeping.

Infection prevention

Many of our patients are extremely ill and vulnerable to infection. We are very strict about infection control measures such as hand washing. Please use the alcohol gel dispensers at the entrance to the Unit before visiting your relative/friend. Do challenge any member of staff who does not seem to be following the rules – we support all polite requests to adhere to policy! Please do not visit if you have a cough, cold or other infectious illness, which could be dangerous to your loved one or to other patients.

Food and drink

On the ground floor by reception there is a small café, newsagent and vending machines where you can buy snacks and drinks. There is also a restaurant located on the ground floor that is signposted from the main reception.

Facilities

There are toilet facilities adjacent to the Visitors Room. Toilets are also located in the main reception area on the ground floor.

Rest and relaxation

There is a Visitors Room furnished with chairs and a TV that gives you somewhere to rest and relax.