

Patient information

Information for visitors to critical care

Introduction

Welcome to our critical care unit which comprises intensive care and high dependency care.

You may currently be feeling shocked and confused if your relative or friend has just been admitted as an emergency. This leaflet aims to help you but please ask staff if you have any questions. There are several specialist consultant intensivists responsible for the unit, working closely with the original team that admitted your relative or friend, as well as any other specialists they think can help aid their recovery.

Critical care provides a higher level of monitoring and treatment than on an ordinary ward. Staffing levels are much higher and there is specialist equipment which is only available in this area. Nurses work 12-hour shifts and the nurse in charge is identified by a red badge.

Staff are highly trained in caring for critically ill patients, however, caring for relatives and friends is an important part of your role as well. You may feel that you need to talk to someone else about how you're feeling. Chaplains are available for pastoral support irrespective of your faith. Please speak to the bedside nurse who can help you access this.

If you have any concerns, feel free to raise them with the bedside nurse, nurse in charge or unit manager who will seek to resolve matters for you. The patient advice and liaison service (PALS) can also be contacted on 01284 712555 if you have any concerns that you wish to discuss further or feel uncomfortable raising with our team.

If your first language is not English or you require other means of communication, then please let us know so we can support you.

What happens when a patient is admitted to critical care?

When a patient is admitted to critical care it can take some time for the doctors and nurses to assess the patient's condition, insert necessary invasive lines, attach them to the necessary equipment for observation and treatment and make them as comfortable as possible. Family and friends are usually shown to the relatives' room and informed of what is happening as soon as possible. It can be frustrating during this time, but it is important that the patient's condition is stabilised. Time may pass slowly but please be patient, you will not be forgotten, and a member of staff will be with you as soon as possible or telephone you to come around to the unit. We appreciate this is difficult for you and we will always do our best to make sure you do not have to wait longer than necessary. The telephone number for the unit is 01284 713130 or ext. 3130 if using the internal phone in a relative's room.

Car parking

There are separate car parks for staff and the general public. The main visitors' car park A is in the front of the hospital. Additional parking is provided at the rear of the site in car park D. A weekly card can be purchased in the car parking office by the front car park (A) during the day and is the cheapest arrangement when you are visiting for any length of time or needing to come and go over several days.

Visiting

We have open visiting between 11am – 8pm. Under normal circumstances we allow two visitors at the bedside at a time and advise that visiting should be limited to family and close friends.

On arrival, please ring the buzzer and wait for a member of staff to speak to you. Please be aware that there may be times when we ask you to leave while we carry out examinations, procedures, personal care, or treatments. To maintain confidentiality of other patients, you may also be asked to leave during consultant rounds, however, we will endeavor to keep you updated on your loved one's care afterwards. At the nurse's discretion you may also agree a time to ensure your loved one has a rested period.

We have a relatives' room that you are welcome to use. Tea and coffee facilities are available. Toilets are to the side of the relatives' room at the end of the corridor or in F5 / F6 corridor. There is a restaurant on the first floor (Time Out) and a cafeteria on the ground floor where you will also find shops and a cash point.

Children under the age of 12 are unable to visit, except in exceptional circumstances, and those aged 12-16 years old should be supervised by another adult. If you would like a child to visit, then please discuss it with the nurse in charge. We have a booklet

available to help your child understand what's happening and we have an information leaflet that helps you with difficult conversations.

Infection control

Many of our patients are extremely ill and vulnerable to infection. We are very strict about infection prevention measures such as hand washing. Please use the alcohol gel dispensers at the entrance of the unit before visiting your relative or 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 patients. Unfortunately, plants/flowers are unable to be brought into the hospital due to infection control measures.

Updates and questions

It is helpful if **a designated person phones for a daily update**, usually next of kin, who then lets other family members or friends know. We are unable to give out detailed medical information over the phone to help preserve confidentiality, dignity, and privacy at all times.

Your bedside nurse will answer all the questions they can. Our doctors are usually available to speak to and the consultants are happy to update you regularly but please be patient if they are very busy looking after other patients.

Caring for yourself

It is important to stay well. Make sure you get plenty of rest and eat when you can. To start with you may want to stay here all the time, however, it is not helpful to exhaust yourself - your relative or friend will need you on top form when they are recovering. You may not want to or be able to visit every day due to other commitments and again we understand. Remember you can phone us at any time for an update if you are worried.

Pet visitation

Under some circumstances we do allow pets to visit patients if it is felt it would be helpful. Please ask to speak to the nurse in charge if you think this is something you would like to be considered and we will let you know the process that needs to be taken.

What might I expect when visiting?

Your relative or friend may look very different from the last time you saw them. Their body may be swollen or bruised if they have suffered injury and may be attached to lots of equipment. Although tubes and wires often surround the patient in critical care, it is usually possible for you to touch your relative or friend, but it is sensible to check with the nurse first. Reassuring voices and contact can really help.

Patients in critical care are often unconscious. This may be a result of their illness or the medication they are given to make them sleepy and comfortable. However, a patient may be able to hear even if they cannot respond. Feel free to talk to your relative or friend and let them know you are there. The nurse may also ask you to complete a **Patient Profile**. Knowing a little more about our patient helps us to provide the best individualised care possible.

As the patient's condition improves, the drugs to keep them sleepy and comfortable will gradually be reduced. Although this is an encouraging phase in recovery everyone will react differently. Some patients will gradually become more conscious and aware of their surroundings, while others may be confused and disorientated. Occasionally patients may be agitated and even aggressive at times. This is quite a common occurrence and staff are familiar with helping the patients through this phase. We understand that this may be very distressing for you, and we will do our best to support you during this stressful time.

Monitoring in critical care

We use a variety of monitoring equipment for our patients. The doctors and nurses are happy to explain what everything is for. Try not to watch the monitors and pumps too much though as this becomes stressful. Alarms do not necessarily mean that something is wrong and may just serve as a reminder to the nurse to attend to something. Feel free to ask about different equipment that may be used. Many of our patients are sedated and attached to a ventilator (breathing machine) but we always assume that patients can hear us, so we try to speak calmly and reassuringly around the bed. Your voice and touch will be familiar and comforting, so please talk to your loved one normally.

Patients' property

On admission items of value will be taken to the hospital safe unless you take them away with you on arrival. Patients in critical care do not need many personal possessions, however, their own toothbrush and toothpaste, comb and hairbrush or other toiletries would be appreciated. Please do not bring flannels or towels. The nurse will tell you when personal night attire is appropriate. Hearing aids, dentures and glasses are also helpful to have on admission.

Mixed sex environment

We are very aware that critical care is a mixed sex environment, and we do our utmost to ensure that the privacy and dignity of our patients are maintained at all times.

Mobile phones

We would appreciate if you didn't use your mobile phones on the unit to help keep noise levels down. If you need to make/take calls, we politely ask that you leave the unit. We also wish to protect our vulnerable patients and ask that you do not take photos on your phones. If you would like a photo taken for their diary, we can use a Trust camera allocated for this purpose.

You may see some staff using their phones for communicating via our bleep system.

How long do patients stay in critical care?

The length of time a patient stays on critical care depends on the extent of their illness or injuries. Some patients recover fairly quickly, others may remain in critical care for weeks. Sometimes it may be necessary for a patient be transferred to another hospital for more specialist care. Very occasionally it is necessary to transfer a patient to another hospital to make room for a new admission who is too sick to travel. This is not a decision taken lightly and is a rare occurrence. The consultant in charge will make this difficult decision and you will be kept informed at every step. Sadly, recovery is not possible in all cases and despite all the treatments available some patients are too ill to survive.

Patient diaries

Some patients will have a daily diary written for them to help "fill-in-the gaps". At the end of their stay on critical care, the diary will be kept with our follow-up sister who will offer it to the patient or their family at the appropriate time. You may find it useful to write your own account at home which again will help your loved one fill in the time they missed.

What happens after critical care?

As a patient's condition improves, the level of care they require becomes less intensive. They move from the intensive care area to the high dependency area in critical care and then to the ward. Sometimes patients are transferred straight to the ward if we need to admit someone quickly and there is no other bed available on critical care. Very occasionally patients are discharged home, but only if they are well

enough. These decisions are based on what is always appropriate and safe for the patient.

The follow-up service

The follow-up sister visits patients who have been in critical care for four days or more as soon after transfer to the ward as possible. They may also see patients who could benefit from speaking to them even if they have been on critical care under this time. They will continue to see patients until their discharge home where possible. If appropriate patients are invited to the follow-up clinic where recovery continues to be monitored and any ongoing issues discussed and addressed.

Satisfaction questionnaires

We would appreciate if you could take the time to complete a questionnaire. Please use the QR code (right) or if prefer a paper copy then please let a nurse know. Copies are also available in the relative's room.



We value and take all feedback seriously to help improve patient/relative experience.

Fundraising

Charitable donations are invaluable in enabling us to enhance the care we are able to provide for patients and relatives and we are thankful for the difference each donation has made.



If you wish to donate you can do so via my wish charity. You can contact them on 01284 712952 or via email fundraising@wsh.nhs.uk

Clinical research

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email info.gov@wsh.nsh.uk. This will in no way affect the care or treatment you receive.

If you would like any information regarding access to the West Suffolk Hospital and its facilities, please visit the website for AccessAble (the new name for DisabledGo) <https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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