

Patient information

Information for Visitors



Introduction

Welcome to our critical care unit which comprises of Intensive Care and High Dependency Care. You may be feeling shocked and confused at the moment if your relative or friend has just been admitted as an emergency. This leaflet aims to help you, but you should ask the 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 our role as well. At some point you may feel that you need to talk to someone else about how you are feeling - our Chaplaincy and Patient Advice Liaison Service (PALS) are very supportive.

What happens when a patient is admitted to Critical Care?

When a patient is admitted to critical care 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 for observation and treatment. 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 for you to come round to the unit.

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

You can visit at any time; however mornings can be very busy with handover from one shift to the next, consultant rounds and physiotherapy. We try and make sure our patients are rested, so daytime (preferably afternoon) and evening visits are advised. 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 although we operate an open visiting policy on critical care there may be times when we ask you to leave while we carry out examinations, procedures, personal care or treatments. To maintain confidentiality you may also be asked to leave during consultant rounds; however rest assured we will endeavour to keep you updated throughout. We have a relatives' room that you are welcome to use - the staff will show you how to open the door. 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.

We appreciate this can be frustrating 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 713128**.

We are always open! However it is helpful if **only one person phones for a daily update** and lets everyone else know. We **cannot** give out detailed medical information over the phone as we aim to preserve confidentiality, dignity and privacy at all times.

Updates and questions

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. It is absolutely fine - you can phone us at any time.

Children

It is not our normal policy to allow children under the age of 16 years to visit for a variety of reasons. Please speak to the nurse in charge if you would like children under this age to visit. This may be accommodated but children need to have careful preparation for what can be a distressing experience - we have separate information booklets for children if you feel these would be helpful.

Pet visitation

Under some circumstances we do allow pets to visit patients if it is felt it would be helpful. However there is a strict guideline to follow. Please ask to speak to the nurse in charge if you think this is something you would like to be considered.

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. Flowers and plants are no longer allowed in hospital as they can harbour infection.

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 they 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 and ask if you want to know about any changes. There are separate information sheets on specific equipment and their uses within critical care in the relatives' room, if you wish to know more. 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.

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 (usually those who are sedated) will have a daily diary written for them to help “fill-in-the gaps”. This is kept at the bedside and you are most welcome to write in it as well but it is absolutely ok if you do not wish to. 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.

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 appropriate and safe for the patient at all times.

The follow-up service

The Follow-up sister visits patients who have been in critical care for 4 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 for less than 4 days. 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 on-going issues discussed and addressed.

If your first language is not English or you require other means of communication aid, then please ask for help!

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the hospital website www.wsh.nhs.uk and click on the link, or visit the disabledgo website:

<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>