

Rehabilitation Booklet

After Critical Illness



This booklet belongs to _____

Your Lead Physiotherapist is

And can be contacted by telephoning 02392 286000

and asking to bleep 1616.

Monday – Friday: 7.30am-7.00pm

Saturday & Sunday: 8am – 4pm.

Critical Care

Critical Illness affects the whole body but in different ways for different individuals.



Some of the things that may be experienced after **critical illness** are:

- Weakness
- ↓Energy
- Pain
- ↓Length of muscles
- Joint stiffness
- Anxiety
- Depression
- Problems concentrating
- Problems remembering & planning
- Confusion / agitation

Rehabilitation

Is an on-going process, often started in the *early/beginning* phase of a critical illness.

Is an integral part to your recovery from **critical illness**

Is supported and encouraged by all members of the critical care team.

What should happen during your Critical Care Stay?

- When you first come to **critical care** you will have an initial assessment by one of the nursing team.

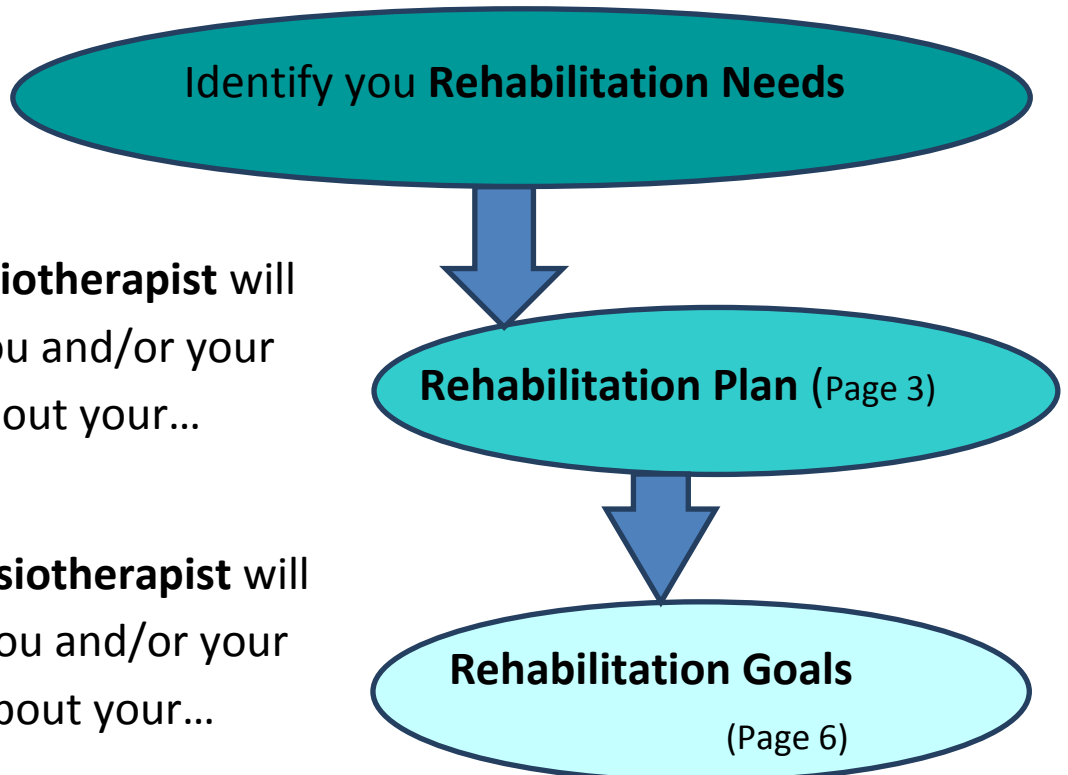
- If this shows you could benefit from more support in your *recovery/rehabilitation*, you will be seen by one of the **Physiotherapy** team.



- A **Physiotherapist** will carry out a more detailed assessment. This will:

The **physiotherapist** will talk to you and/or your family about your...

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Rehabilitation Plan

- Following **Critical illness**, some people will recover quickly. Others may take longer. People will have different **rehab needs** so **rehab plans** will be individual to you.
- Generally this may include:

1. Things to **reduce** the risk of **joint stiffness** and help stop **muscles** getting **shortened** or **tight** whilst you are unable to move yourself.

Positioning and Passive Movements

(For All Patients)



- Your position will be changed regularly to help reduce pressure on one area. It can also help your breathing.
- Your arms and legs will be moved and supported in different positions to stop muscles getting short. Sometimes splints will be used to help hold your joints in a good position.

- This is a 'bike' that can be used in bed.
- It can move your legs for you (passively) to reduce joint stiffness.
- As soon as you are able to, you can join in and (actively) cycle your own legs. This will help build up muscle strength and general fitness.

MOTomed. (For some patients)



2. Things to help you get moving out of bed.



Hoist

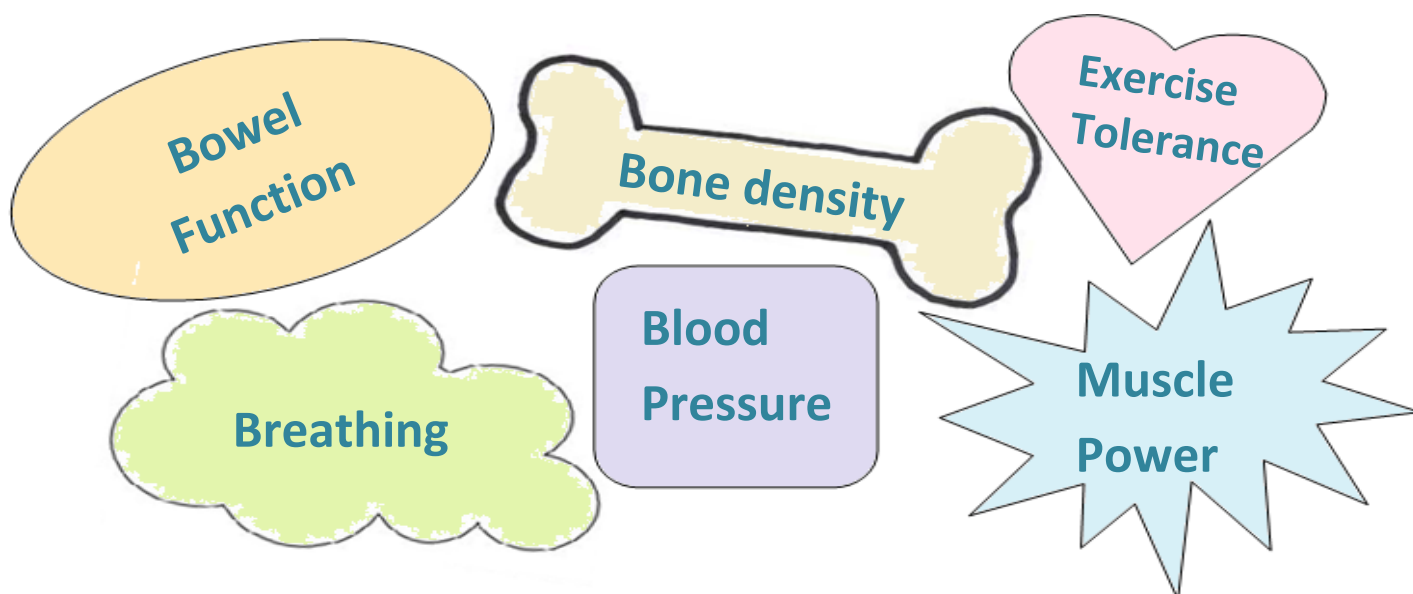


Stretcher Chair



Stand Aid

- Getting out of bed is very important. Even when you don't feel well or are feeling tired, getting up can help your:



Things that can help you to get stronger:

- You will be given **exercises** that you can do by yourself (or with help from the nurses, physios or friends and family)
- You will continue to be helped with your daily needs but you will be encouraged to do what you can for yourself – for example, washing or feeding yourself (these are called **functional activities**)
- Getting into a daily **routine**, including times of **rest** and times of **activity**. We can help you plan this with the team looking after you and your visitors, to help you find the right balance.



Rehabilitation Pathway

When you are well enough to leave critical care you will continue to be supported in your rehabilitation and recovery.


Critical Care

- Initial Assessment
- More detailed assessment
- Set rehab plan and goals



Ward

- Ward Physiotherapy reassessment and continued rehabilitation
- Outreach nurse



Discharge From hospital

- Rehabilitation wards and community support services
- Follow up clinic

When you no longer need critical care treatment you will be transferred to another ward. This is a positive step but it can be difficult to adjust to the change. You will be supported by:

- **Outreach Nurses:** support you and the ward staff with the transition of care to the ward
- **Ward Therapist:** who will continue with rehab plans and goals you have set as well as help plan your discharge from hospital.
- **Ward Team:** Nurses, doctors, pharmacists, dieticians, speech and language therapists and more will be involved as required in your continued recovery.

After being critically ill, it can take up to 18 months to feel fully better. The speed of your recovery can depend on lots of things. For example, how unwell you were, how fit you were before coming into hospital, how well you are able to join in with the rehabilitation process. It is important to be patient and stay positive! Setting realistic goals can help you to feel a sense of achievement and see your progress.



It's important to know what you're aiming for. As part of the team looking after you, your physiotherapist will help you set **realistic goals** and a **rehabilitation plan** to help you reach these.

Medium Term Goals.

What would you like to aim to be able to do when you are discharged from hospital?

Walk (+/- walking aid) to & from the bathroom independently? []

Return to a favourite hobby/past-time? [] _____

Get up the stairs to bed? [] _____

Wash and dress yourself independently? []

Other _____

Short Term Goals. Lots of smaller steps need to be taken before you will reach your medium term goal/s.....



Short Term Goals & Rehab Plan:

Goal No.	Goal	Rehab Plan (How will you get there?)	Achieved
E.g. 1	Sit up on the edge of the bed for 1 min without help to stay sitting	<ul style="list-style-type: none"> - Increasing time in chair (hoisting out) - Sitting on the edge of the bed practice - Strengthening exercises (arms, legs and core) 	

About Me....

By completing this section it will help the Critical Care team to personalise the care we give. It also helps us to make the goals and rehab plans more personal to you.

What do you like to be called?

Who are the people that are important to you?

Are you retired? Yes /No

What is/was your occupation?

Communication:

Can you speak English? Yes/No

Left / Right Handed?

Hearing Aids? Left / Right / Both

Glasses? Reading / Distance / Continuous

Other communication issues?

Mobility:

Do you need help to walk? Yes / No

Do you use a walking aid? Indoors / Outdoors

How far can you walk?

Can you get up & down stairs? Yes /No

Interests:

What do you enjoy doing in your spare time?

Are you religious? Yes / No .

Do you read particular Newspapers / Magazines / Books?

Do you enjoy any sports? Watching / Playing

Favourite Tv / Radio?

Any particular likes/dislikes?

Personal Care:

Are you able to wash and dress yourself? Yes / No

What is your normal sleep pattern?

Any additional information it would be useful for us to know?



**Questions or
Thoughts....**

Use this space to write any questions or thoughts you have and wish to discuss with us.

Specialist Support

If you require this leaflet in another language, large print or another format, please contact the Health Information Centre Tel: (023) 9228 6757, who will advise you.

Information we hold about you and your rights under the Data Protection Act

Please refer to the booklet 'Your Health-care Information – Your Rights! Our Responsibilities! For further guidance.

Consent - What does this mean?

Before any doctor, nurse or therapist examines or treats you they **must have your consent or permission**. Consent ranges from allowing a doctor to take your blood pressure (rolling up your sleeve and presenting your arm is implied consent) to signing a form saying you agree to the treatment or operation.

It is important **before giving permission that you understand** what you are agreeing to. If you do not understand – ask. More detailed information is available on request.

How to comment on your treatment

We aim to provide the best possible service and staff will be happy to answer your questions. However, if you have any concerns you can also contact the Patient Experience Service on 0800 917 6039 or E-mail:

pht.pals@porthosp.nhs.uk

Follow us on Twitter @QAHospitalNews

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