

Your Questions Answered



Support for Family and
Friends of Patients in
Critical Care

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Introduction

It can be very frightening to be told that someone you love and care for has been admitted to an intensive care unit (sometimes also called a critical care unit). You may be feeling shocked, confused and distressed and you will naturally have lots of questions about why your loved one is critically ill and what is happening to him or her in the intensive care unit. This booklet provides you with information about critical care and is designed to answer some of the questions you may have. It may not answer all your concerns, however, so feel free to discuss any additional queries with a member of the critical care team.

Why is my relative/friend here?

Someone who is seriously ill or who has suffered a serious injury is usually admitted first to the Accident and Emergency Department (A&E) of a hospital. Here, the emergency team assess and stabilise the patient. If the patient's condition is life-threatening, the patient is transferred to the intensive care unit (ICU) because he or she needs continuous observation, treatment and specialised care. Patients with critical illness suffer from failure of one or more of their systems such as the heart, lung or kidneys.

Heart attack, stroke, poisoning, pneumonia, surgical complications, major trauma as a result of road traffic accidents, a fall, burns, an industrial accident or violence are all examples of critical illnesses. Patients recovering from a major operation are also admitted to intensive care units (ICUs).

What is critical care?

Critical care looks after patients whose conditions are life-threatening and need constant, close monitoring and support from equipment and medication to keep normal body functions going. Critical care is the provision of this intensive level of support by a team of doctors, nurses, physiotherapists and other professionals working in an ICU. Some patients are in an ICU for shorter periods of time than others, depending on the extent of their illness or injury. As patients get better and need less intensive care, they are sometimes transferred to a high dependency unit (HDU) and then to a general ward somewhere else in the hospital.

What can I expect?

When someone is admitted to critical care it is a time of great stress and worry. It might help to know what to expect. ICUs vary in size from one hospital to the next. Some are small with about six beds. Others may have more

than double this number. You should expect a high level of activity round the clock. Noise levels are likely to be much higher than on a general hospital ward.

It is best to be prepared for your loved one to appear different from the last time you saw them. Patients in an ICU are often unconscious, especially during the early part of their stay. If they wake up, they may feel confused about where they are and what has happened. They may also appear anxious or in pain. To reduce anxiety and pain, sedation and medication to relieve pain may be needed. While sedated, it may be difficult for your loved one to think clearly. Sometimes the medication may change their perception of what is happening and they may seem angry, hostile, or just different.

They may be bruised and areas of their body may also be swollen from injuries they have sustained. Sometimes a break or tear in the skin may seep fluid.

Frequently, the inability to move, the assisted breathing, the critical illness, and the treatments for blood pressure may cause swelling. The nurses may try to decrease the effect by keeping the head of the bed slightly raised and the hands elevated on pillows. Rings may need to be removed to protect the blood flow to the fingertips.

The experience of first seeing your loved one in an ICU is likely to be upsetting. Critical care nurses and doctors are highly skilled and experienced at supporting relatives dealing with these difficult circumstances, so don't hesitate to share your feelings with a member of the critical care team. They can also answer any questions you may have.

For many patients some days are good and some are bad as their condition changes. Concentrate on the good days and view the bad days as hurdles that can be overcome. Try not to become discouraged and keep a positive outlook. It is not uncommon for patients to get worse before they get better.

Can I touch and talk to my relative/friend?

It is usually not a problem to touch your loved one, but it is best to check with a nurse first.

They may act in ways that surprise and distress you but this will pass as his or her condition improves. This may be a result of fear, frustration, or chemical changes in the body, which may be caused by their illness or medication.

If a patient is unconscious, they may still be able to hear you so feel free to talk to them. If he or she is unconscious, start with 'Hi, this is...' introducing yourself. However, keep in mind that the patient might not be able to respond to you, either because there is a breathing tube in place that does not allow the patient to speak, or because of medications or altered awareness.

What are the common conditions requiring critical care?

There are many reasons a person may need care in an ICU and there are some common conditions that either bring a patient to the ICU or develop while the patient is in the unit.

- Shock can occur when the organs of the body do not get enough oxygen and blood flow for them to function normally.
- Respiratory failure occurs when the lungs do not work effectively. Causes of mild acute respiratory failure include a variety of conditions such as pneumonia or heart failure. Moderate respiratory failure may be caused by more severe pneumonia or chronic obstructive pulmonary disease (COPD). The most severe form of acute respiratory failure is called ARDS (Acute Respiratory Distress Syndrome).
- Infections are a common cause of ICU admission and can develop for many reasons while a patient is in the ICU. Usually the illness that has brought the patient to the ICU has weakened him or her and lessened their ability to fight off infections.
- An infection, as well as age and pre-existing medical conditions affecting the patient, may put them at risk of uncontrolled inflammation, which is called sepsis.
- Overwhelming infection that causes at least one acute organ dysfunction is called severe sepsis. This occurs when the inflammatory response begins to affect the basic functions of the body (renal kidney failure and acute respiratory failure, to name two), and the patient becomes very sick.

What is the equipment for?

The equipment in a critical care area can seem frightening at first. It may help to understand what the various pieces of equipment are for.

A **ventilator** is a 'breathing machine' that helps the patient to breathe. A tube may be inserted into the windpipe via the nose, mouth or via the windpipe itself, which is a tracheostomy, or face mask may be worn by the patient. A tracheostomy is usually performed if ventilation is needed for more than a few days. The advantage of a tracheostomy is that a patient does not need to receive sedatives but it may not be suitable for all patients. As a patient's condition improves he or she can be weaned off the ventilator.

If your loved one's kidneys are not working normally, he or she will need to be attached to an **artificial kidney machine**. This works in a similar way to a dialysis machine, which removes waste from the blood and manages fluid levels. Blood circulates from the body through the dialysis machine, where it is filtered and then returned. If the kidneys are working normally, your loved one may have a urinary catheter so that urine samples can be taken to check the condition of the kidneys.

You may see a number of **tubes and drips** attached to your loved one. These are used for a variety of purposes, including taking blood samples, providing water and liquid food, giving drugs and draining waste.

Most commonly, a feeding tube is inserted into the stomach via the nasal passage or through the wall of the abdomen into the small intestine.

Sometimes a patient is unable to tolerate tube feedings so they will be fed intravenously, whereby nutrients are injected directly into their blood stream. Similar to tube feedings, the intravenous feeding ensures the patient receives the right amount of protein, carbohydrate, fat, vitamins, and minerals.

A **monitor** by the patient's bedside records heart rate, blood pressure and oxygen levels in the blood. Your loved one will be connected to this via a number of leads. Monitors beep if levels are falling or rising outside normal ranges. But don't be too alarmed if you hear the monitor making a different sound. On most occasions, the monitor is simply drawing the attention of a nurse to check the patient's condition.

How can I help my relative / friend?

It is helpful to bring toiletry items for personal hygiene and familiar things which are often comforting such as photographs, cards, pyjamas, and slippers. However, you should check with the nurse before bringing anything. Flowers are not usually allowed in the ICU.

You can also help by taking care of yourself. Proper food and sleep will help you to listen and understand the important information you will be given by the critical care team. Staying awake all night, every night, will wear you down and can make you prone to illness. Do not feel you have to be available every moment; a trained medical team is caring for your loved one.

You may find it useful to keep a diary to record what you and your loved one are going through. Some people find that keeping a diary focuses the mind and that collecting their thoughts after each visit helps them to remain objective and calm. A diary is also a useful referral point during the difficult physical and emotional road to recovery following discharge.

Who are the staff?

Your loved one will be cared for by a highly skilled team of staff including doctors, nurses, physiotherapists, dietitians, pharmacists and radiographers. The most senior member of the team is the consultant, who is assisted by other doctors called registrars and senior house officers. Doctors who work in critical care are called intensivists. These doctors specialise in how specific conditions affect the organ systems in the body. Critical care nurses often co-ordinate communication between all of the people involved in the care of the patient. There will be many nurses involved in the care of your loved one, working shifts to make sure that your loved one receives care 24 hours a day. Physiotherapists are involved in making sure patients' lungs are clear of a build-up of fluid and in helping conscious patients exercise their limbs. Pharmacists check on the effects of medication, and dietitians ensure that patients are receiving the right diet.

What happens during transfer to general ward?

Patients will be transferred to the ward when they are stable enough to cope and can breathe on their own. Where a patient is moved to depends on their age and their main problem or injuries. There will be fewer nurses and less equipment on the ward. It might seem a bit of a shock going

to an environment where there is less attention, and it is natural to worry that there is less care. However, be reassured that this is because your loved one is getting better and needs less support.

It is possible that a patient's condition might deteriorate again on the ward and he or she will have to be transferred back to the ICU.

During a patient's stay in the ICU, he or she will have lost weight and muscle tone. Joints may also be stiff due to the long time spent in bed, and there may be some loss of sensitivity in the fingers and other small joints. These problems can be quite distressing, but as your loved one becomes more active, muscle weakness and joint stiffness will improve as part of the recovery process.

Even though a patient is getting better, he or she may feel anxious and depressed about the effects of being critically ill. This is an understandable reaction and you can help your loved one by encouraging him or her to talk about their feelings.

What if recovery is unlikely?

A patient in the ICU will receive the best care and every treatment the medical team believes will help them to recover. Occasionally, the illness is overwhelming, or there may be no cure available. The medical team will discuss the options with you and your family, which may include discontinuing treatments such as mechanical breathing or dialysis machines that may only prolong the dying process. If appropriate, the doctors may also want to talk to you about organ donation.

What to expect following discharge from hospital?

Once your loved one is discharged from hospital, the hardest part of the journey to recovery is over. But there is still some way to go before your loved one is completely better. It will be a long time before your loved one's strength is back to normal. The emotional impact of being critically ill may last for some time, and your loved one may for a short time not be able to concentrate as well as they had previously. Patients who have been seriously ill have little memory of their time in an ICU. However, some patients have vivid dreams relating to their time in critical care. These usually settle down in time. However, if not please ask your general practitioner to contact the critical care team.

The Intensive Care Society

The Intensive Care Society (ICS), founded in 1970, is the oldest critical care society in the world. The Society's aims are to improve the care of the critically ill primarily through education and research and provide information to their relatives to help them better understand what is happening to their loved ones in critical care.

The Intensive Care Society
29B Montague Street
London WC1B 5BW
0207 291 0690

www.ics.ac.uk

Useful contacts

Organ Donor Line

0845 60 60 400

www.bereavement.org.uk

This website provides information and support to members of the public who are bereaved and the professionals who support them.

Sharing experiences

If you are a relative of a patient that has been in critical care and would like to share your experiences with others who understand what you have been through, please feel free to write to us on the Intensive Care Society's message board at www.ics.ac.uk.

Brake

www.brake.org.uk

Brake is a road safety charity dedicated to stopping deaths and injuries on roads and caring for people bereaved and injured on the road.

Meningitis Research Foundation

www.meningitis.org.uk

Free-phone 080 8800 3344



Glossary

ARDS

Acute respiratory distress syndrome - when the lungs do not work sufficiently leading to rapid and shallow breathing.

Artificial kidney machine

A machine, which removes blood from a patient, purifies it by dialysis, adds vital substances, before returning it to a vein.

Catheter

A hollow flexible tube for insertion into a body cavity, duct, or vessel to allow the passage of fluids or distend a passageway. One use includes the drainage of urine from the bladder through the urethra.

COPD

Chronic obstructive pulmonary disease - refers to a number of chronic lung disorders that obstruct air flow. The most common form of COPD is a combination of chronic bronchitis and emphysema.

Critical care

Critical care is the multidisciplinary healthcare specialty that cares for patients with acute, life-threatening illness or injury.

Critical care team

The multidisciplinary team of health care professionals who care for critically ill and injured patients. The critical care team includes predominantly the critical care intensivist and the critical care nurse. Other healthcare professional such as physiotherapists, pharmacist, technicians, social workers and clergy may also participate as members of the critical care team.

Endotracheal tube

A tube inserted into the windpipe to provide a passageway for air.

ICU

Intensive Care Unit - a specialised section of a hospital containing the equipment, medical and nursing staff, and monitoring devices necessary to provide intensive care.

Intensivist

A critical care physician whose medical practice is focused entirely on the care of critically ill and injured patients.

Intravenous

A drug, nutrient solution, or other substance administered into a vein.

Monitor

An electronic device used to record, regulate, or control the patient's heartbeat, blood pressure and oxygen levels.

Severe sepsis

Overwhelming infection that causes heart, blood vessel and cell dysfunction.

Tracheostomy

Surgical construction of an opening in the trachea (windpipe) for the insertion of a tube to help breathing.

Ventilator

A machine that delivers oxygen to a patient's lungs to assist with the breathing process.



