



Visitors' Information Booklet
Intensive Care Unit
Derriford Hospital

Pencarrow: 01752 431439

Penrose: 01752 431418

Visiting Times: 11am to 2pm and 4pm to 7pm



When your loved one is admitted to Intensive, or Critical Care, it can be a very stressful time. Though some admissions are planned, most are not, and it is quite usual to feel worried and upset.

This booklet aims to provide practical information and advice on what to expect. We have a large number of staff, from doctors and nurses to clerical and voluntary staff who are available to support you and your families, and provide information as necessary. Some of our voluntary staff have first hand experience of the intensive care environment, and can offer particularly valuable support.

We understand that the information you are given may be overwhelming and forgotten at such a difficult time. We hope that this booklet will be a help for you to take away and refer to later.

In today's society, family dynamics can sometimes be diverse and complicated. The term "relative" is used throughout this booklet to simplify the text rather than to exclude anyone. This booklet is aimed at anyone the patient considers to have a significant role in their life, whether that is a spouse, a relation, a partner or very close friend.

Intensive Care Unit

Level 4

Plymouth Hospitals NHS Trust

Derriford Road

Crownhill

Plymouth

PL6 8DH

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www.plymouthhospitals.nhs.uk

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Introduction

Approximately 100,000 patients are admitted to Intensive Care in the UK every year. For patients and relatives, this can be a frightening experience, and you may find it difficult to cope at times. All the staff are committed to helping you during this time as much as possible.

Why Are People Admitted to Intensive Care?

Intensive Care Units (ICUs, also called Critical Care Units) are specialised areas within a hospital. They look after patients whose condition is life-threatening and need constant, close monitoring and support from equipment, medication and specialist staff. There are many reasons why people may need care in ICU. These range from a planned admission following a major operation for observation, to supporting the function of major organs such as the lungs, heart and kidneys following a sudden illness or accident.

Intensive Care Units in the UK are run and staffed by specialist doctors and nursing staff who have undergone extensive training in intensive care. These staff will manage patients admitted to the Unit, with involvement of other specialists as needed.

The staffing levels are higher than the normal ward so that one nurse will look after one or two patients. Doctors are always present on the Unit and there is always at least one consultant on duty to ensure that patients have immediate access to a senior medical opinion.

A wide range of specialised equipment is used in the ICU which is not available on the normal hospital ward. This allows very close monitoring of vital bodily functions and temporary support of those functions that cannot be maintained by the patient themselves.

The length of time patients spend in ICU depends on how ill they are and may vary from a few days to a number of weeks.

What Happens on Admission and What Can I Expect?

When your relative is transferred to us we need to assess their immediate needs, stabilise their condition and make them comfortable. In order to do this we may need to insert various devices and tubes and attach them to our equipment. This can take some time and may mean that you cannot visit for some time after your relative is admitted.

We appreciate that you will be anxious to see your loved one and that it can be frustrating waiting for news. We aim to keep you informed of progress and will allow you to visit as soon as possible.

It is important that we have as much personal information as possible about each patient. We will therefore ask you to fill in a patient communication form shortly after your relative is admitted to the Unit, which will provide us with personal information such as the name your relative likes to be called, names and contact details of close family members/next of kin, and other relevant information such as pets' names, occupation and favourite leisure activities.

Within the first twenty-four hours of admission, we aim to offer the patient's relatives the opportunity to discuss patient care and progress with the duty Consultant, or a senior member of the medical team. Updates on this information will usually happen by telephone after the morning ward round, or may take place at the bedside during afternoon visiting.

Arriving at the Unit

The Intensive Care Unit has a visitors' entrance into the waiting room. Please speak to the reception staff at the desk when you arrive. When the reception is not staffed please use the intercom system. The intercom for Pencarrow is to the left and for Penrose to the right of the waiting room entrance leading into the 2 wards (Pencarrow and Penrose).

Please push the button and a member of the ward staff will ask who you have come to see. They will tell you if it is possible for you to come straight in or if you need to wait in the waiting room. If the Unit is very busy, there may be a delay in answering the intercom. Please bear with us, and if no-one answers after a few minutes, ring again. Once through these doors, a member of staff will greet you, if you have not been in before, and show you to the correct bed space.

Infection Prevention & Control

Please remember to use alcohol foam to clean your hands when entering and on leaving the Unit. This simple measure helps us with the prevention and control of infection. The foam is available at the entrance to both wards.

Squeeze one squirt of foam into the palm of your hand and rub hands together quickly until your hands are dry again (about 30 seconds).

If you have any concerns regarding hand hygiene please feel free to discuss these with a member of staff.

When you enter the Unit for the first time there is a lot to take in. The environment is noisy and can be overwhelming, and your relative may be connected to monitors, drips and machines. They may also be sedated



Your relative may look different. They may have some facial swelling, which is common in critically ill patients. They are likely to have lines or drips in their neck, arms, and possibly head if they have a brain injury. These lines are necessary to give medicines and monitor your relative's condition. There may be a tube in their nose, which passes into the stomach to allow liquid food to be given. Your relative may also be wearing an oxygen mask or have a special tube in their throat or neck where they are connected to a ventilator (breathing machine) to help them to breathe. Most patients also have a urinary catheter, and occasionally surgical drains. This can be distressing and even frightening for visitors but is a normal and necessary part of patient care.

You may hear buzzers and see numbers on the monitors flash. Try not to be unnerved by this, it is quite normal. The buzzers are set as an early prompt to alert the nurses to the slightest changes in the patient's condition.

Visiting the Intensive Care Unit

The Intensive Care Unit has 2 wards - Pencarrow and Penrose. It is situated on Level 4 of the Terence Lewis Building in Zone C (green) of the hospital.

The lifts in the Terence Lewis Building operate between levels 3 and 9 but access to the main part of the hospital is on levels 3 to 7 only.

Visiting relatives on Intensive Care is important for both relatives and patients – particularly as the patients get better. However, we recommend that as much as possible, visitors should be restricted to immediate family or very close friends.

Visiting can be emotional and exhausting for both visitor and patient. We suggest you try to keep visits short. It is important for you to get lots of rest and to have regular drinks and meals. The nurses and doctors will look after your relative, but it is important that you look after yourself so you are strong when your relative

needs you. The volunteers will offer you tea or coffee and biscuits in the waiting room.

Due to lack of space and safety for you and your relative we allow only two visitors at the bedside.

Children are welcome to visit as long as their parents feel it would be beneficial. Some children find the experience upsetting and we would ask you, as parents, to judge what your child would cope with, children will often express their own wishes if they know what to expect. Please bring a favourite book or quiet game for your child and make sure he/she is supervised at all times.

We ask you to use your own discretion and consider the risks of infection to a young immune system when deciding whether to bring a baby to visit.

Please respect the privacy of other patients and families. Staff are unable to give you any information about other patients or families.

When Can I Visit?

Visiting times are: 11.00 am – 2.00 pm and 4.00 pm - 7.00 pm

We will support your wish to visit as much as possible but our prime focus is the care of your relative. For this reason it may be necessary to interrupt your visit and ask you to leave your relative's bedside temporarily whilst we carry out personal care, position changes or attend to urgent needs. You will also be asked to leave during medical ward rounds and staff shift changes in order to maintain patient confidentiality.

We understand that this can be frustrating, particularly if you have limited time available to visit, but we ask for your co-operation.

In exceptional circumstances, visiting may be allowed outside the set times. This can be discussed with the nurse looking after the patient on a daily basis.

If you are asked to leave the bedside we will try to estimate how long you will have to wait. If you feel you have been waiting at least 30 mins longer than anticipated or if you are worried please ask at the reception desk or if unmanned use the intercom.

To maintain our patients' privacy and dignity we ask you not to re-enter the Unit, or investigate behind curtains, until you are invited to do so.

If your relative is in hospital for a long time, visiting can become hard. It is common to feel 'useless' at this time. This is normal. You could pass the time reading your loved one the newspaper or their favourite book, or writing a diary. With the support of your nurse, you may be able to help in the personal care of your relative, for example brushing their hair, washing their face or massaging their hands and feet.

Talking to and Touching Your Relative

Your relative may be unconscious as a result of their illness or the drugs given to them to keep them comfortable. They may be able to hear you even if they cannot respond. Although it may feel strange, talk to them normally to let them know you are there. They are more likely to recognise or respond to a familiar voice and will draw comfort from your presence.

Do not be afraid to touch your relative. Though the equipment and tubes may be unnerving, remember they are still the person you know underneath. You may wish to hold their hand; the nurse will show you how to do this safely.

One of the results of being sedated during intensive care is that patients may not have any memory of that time. Some relatives have found it helpful to keep a diary of the patient's stay in intensive care, and we can help you with this. These diaries have been shown to be helpful in the patient's recovery, as they help fill

in memory gaps, and will aid their understanding of what happened to them during their illness.

What Can I Bring My Relative?

Patients often appreciate their own personal items and toiletries such as

- Small soft toothbrush and toothpaste
- Liquid soap or shower gel
- Comb or hairbrush
- Personal toiletries
- Aerosol deodorants rather than roll-on varieties due to infection control
- Dentures, spectacles and hearing aids to make communication easier
- Razor, if electric please make sure it is fully charged
- Photographs and cards from well wishers

Any other property will need to be taken home, due to lack of space and storage facilities. Anything of value, especially money or jewellery, will be sent to the hospital safe, or given to you to take home.

Unfortunately we cannot allow fresh flowers or plants on the Unit

The ICU Team

Staff in the ICU work as a team to care for patients; in addition to the doctors and nurses, you may see other members of the hospital team who contribute to patient care. These include physiotherapists, pharmacists, and radiographers, as well as members of other medical and surgical teams.

Derriford is a university teaching hospital so you may well see student nurses and medical students being taught.

In addition, the ICU participates in local, national and international research, and you may meet members of the research team.

It is our aim to provide a high standard of care to all patients admitted to the Intensive Care Unit. We strive to provide patients with the individual care and support they require to aid their recovery and to maintain their privacy and dignity at all times. We will always act in the patient's best interests, acting as patient advocate when required. Wherever possible we discuss with patients their treatment and care and encourage them to express their wishes.

Communication with the Unit

The intensive care team will keep you informed of your relative's progress on at least a daily basis. The members of the team will always do their best to answer your questions fully and promptly.

If you would like to speak to the doctors caring for your relative, please ask the nurse at the bedside, who will be able to arrange this for you. At busy times there may be a delay before one of the medical team is available.

After your relative has been reviewed by the medical staff on their ward round, the bedside nurse will telephone the nominated person and provide a daily update, as well as the plan for the day you may be asked to come in so that the duty consultant can speak to you in person.

Experience has shown that communication works more effectively if the family nominates one person as the contact point. Having one contact also helps to safeguard patients' confidentiality.

Similar to having one contact within a family, it is helpful if we establish a number of main contacts within the medical team. This avoids the problem of you receiving information from many different staff who may not be fully aware of all aspects of the patient's condition. There is a space at the end of this booklet to note down these contacts.

After morning visiting finishes, at 2pm, we aim to have a senior Doctor available to speak to relatives who require a detailed

update. Please ask the nurse at the bedside if you would like to talk to a Doctor during this time, and we will do our best to ensure it happens. We hope you understand that occasionally, due to clinical commitments, this may not always be possible.

Telephones

Pencarrow: 01752 431439

Penrose: 01752 431418

Of course you may telephone to ask about your relative at any time. Please try to nominate one person to do this and they in turn can then pass on relevant information to others. This reduces the number of telephone calls, and hence interruptions, for the team caring for your relative. At very busy times we may answer the phone with a recorded message.

In addition to the telephone numbers above, there is also a telephone in each bed space. Please ask the nurse caring for your relative for this number if you would like to telephone the bed space.

Please be aware that if the nurse is busy caring for your relative they will not answer the telephone, and you are therefore requested to hang up if there is a delay and call again later. We aim to telephone relatives at least once a day to update them with information to save you having to call.

Mobile Telephones

Mobile phones may affect life support equipment. Please **turn off your mobile phone and do not use it** anywhere in the Unit except in the visitors' waiting room or interview rooms. The signal is often best outside in the courtyard garden. We respectfully ask you not to take photographs or use any other recording device.

There are **payphones** available on Level 6 inside the main entrance to the hospital

Facilities on the Unit

There is one main waiting room and two smaller interview rooms. The small rooms are used for the medical team to speak to relatives privately.

The main waiting area has a drinks machine and a visitors' toilet. There are more extensive refreshment facilities in the main hospital – please see below.

The Volunteers are based in the waiting room

Please help our domestic staff to keep the waiting areas clean and tidy by leaving them as you would wish to find them.

Please do not leave valuables unattended.

The **Inner Courtyard Garden** provides a quiet spot outside the building. This is accessed from level 3. Leave the Unit and take the lift or stairs down to the garden on level 3. The main automatic doors open out on the left and there is restricted entry for relatives of patients in the ICU on the right. These doors are opened by a swipe card which you can get from the nurse. Please return it as soon as you come back to the Unit.

Please remember that **the garden is a no smoking area**, as is the whole of the Derriford site. Smoking is not permitted anywhere within the hospital grounds.

Shops and Hospital Services

There are several shops and eating areas within the hospital. At the main entrance on level 6 there is a cash point, fruit and flower shop, newsagent/convenience store, The Body Shop, and a second hand book shop.

Other services on level 6

- Visitors' toilets
- Bakery and coffee shop

Opening times

Mon - Fri	7.00 am to 7.30 pm
Saturday	8.00 am to 6.00 pm
Sunday	9.00 am to 6.00pm (4pm on Bank Holidays)

Restaurant - level 7, Zone E Serves hot and cold meals snacks and drinks.

Daily opening times: 7.30 am to 8.00 pm. There are vending machines supplying hot and cold snacks and drinks outside this restaurant.

Coffee Shop - level 3 of the Terence Lewis Building (Zone C) below the ICU. This offers a selection of fresh salads, drinks, baguettes and healthy sweet options.

Opening times Mon - Fri 7.30 am - 3.00 pm

Parking

Derriford operates a pay on exit parking system, with pay points at the exits from the hospital building.

Relatives of patients who are in the Intensive Care Unit are entitled to free parking – please speak to the reception staff to obtain a parking permit.

Public Transport

Bus timetables are available outside the porters' lodge in the main entrance on level 6 and at the individual bus stops outside.

There is a park and ride scheme from Tavistock Road opposite 'The George' public house where the number 7 bus provides a direct route to the hospital.

Accommodation

HeartSWell lodge is a charity-owned establishment near the hospital offering bed and breakfast at reasonable prices to

relatives of patients in the hospital. It is situated a few minutes walk from the hospital and offers a complementary bus service which is booked through HeartSWell reception; leaflets are available from the information rack on level 6.

To make a booking contact HeartSWell reception:

Tel: 01752 315900/315930 Out of Hours ext 55279

Hours: Mon – Fri hrs 9am - 9pm Sat: Sun 9am - 7pm

Chapel and Multi Faith Room

The hospital has a Chapel and a Multi Faith room, with appropriate wash facilities, located on level 7. These facilities provide a tranquil place for quiet reflection or prayer. They are open day and night and cater for people of all faiths and none.

Pastoral care and support are available to patients and their relatives, regardless of faith or beliefs. If requested a chaplain will visit patients and relatives on the Unit. An on-call service can be requested out of hours by contacting main hospital switchboard on 0845 155 8155

Communication and Interpreter Services

If you find communication difficult because you are non-English speaking or hearing impaired, please tell the bedside nurse and we will arrange an interpreter for you.

How long will my relative need Intensive Care?

The course of critical illness is unpredictable and your relative's condition may fluctuate widely. Staff will keep you informed of all important changes. The outcome of serious illness and the effectiveness of the treatments we use can often be uncertain as each person responds differently. Length of stay can vary from as little as twenty four hours to several weeks.

As long as treatments are continuing to be beneficial, we will continue to support your relative with the necessary treatments and care to aid their recovery.

Sadly despite all the treatments available some patients are too ill to survive. Death of a loved one is always a devastating event even if it has been expected. The medical staff on the Intensive Care Unit will often be able to warn families that there is a deterioration and that they expect their loved one will die despite treatment. Death can still happen very suddenly, and the doctors and nurses cannot always give a family enough warning to return to the hospital to be present.

With the advances in intensive care it is often the case that the treatments can continue to keep a patient alive after it becomes clear that there is no chance of survival and recovery. In this situation the medical staff will discuss withdrawing treatment with the family to keep them fully informed and to understand what the patient's own wishes would have been if they were able to tell us. Ultimately the decision to continue treatment or not rests with the intensive care consultants, and they will frequently discuss these difficult decisions with other ICU consultants as well as the specialist teams. A doctor cannot continue a treatment that is of no benefit to the patient as this breaks the ethical principles under which they practice.

Bereavement will be a sad time and the staff will do all they can to prepare relatives and ease the burden. Religious support is always available to those who wish it.

Organ and Tissue Donation

When people die in intensive care it may be possible for them to donate organs and/or tissues. Organ and tissue donation is the gift of organs and/or tissues donated after death to help someone who needs a transplant. Hospital staff are committed to doing everything possible to save lives and organ and/or tissue donation is only considered after all attempts to save life have failed. Many people have made decisions in their lifetime about donation and it is important for the hospital staff caring for your relative/friend to find out what these wishes are. To be able to explore if a patient had expressed a wish to donate, hospital staff will always check the organ donor register and ensure that they

discuss organ and/or tissue donation with you as the patient's relatives.

Leaving the Intensive Care Unit

When your relative is better and no longer requires the specialist skills of the intensive care team, they will be transferred to a ward or a specialist rehabilitation Unit. Here your relative will not have a nurse at the bed side and there will be less equipment, because it is no longer necessary. Your relative will return to a more normal atmosphere.

This transition period can be a worrying time. It is common for both you and your relative to feel vulnerable and apprehensive, but this is natural and should be seen as a positive step towards recovery.

You will soon get to know the nurses on the new ward and gain a rapport with them.

Your relative may not remember much about their time on the Intensive Care Unit. The effects of their illness, the medication they have been given and lack of proper sleep and rest may leave patients feeling stressed and confused about what has happened to them. Your relative will rely on you most at this time. You can help them by remaining calm and reminding them of things that are familiar to them. In time you will be able to explain what has happened to them on the Intensive Care Unit.

Acute Care Team

Following discharge from ICU, patients are seen by specialist nurses who are part of the Acute Care Team. Many of these nurses have trained and worked in Intensive Care. They provide support to the nurses and doctors on the new ward by offering specialist advice and, where necessary, by acting as a link with the intensive care team.

Within a few weeks of discharge from hospital, we will send a letter to the patient or family with a feedback questionnaire and an

invitation to visit the Intensive Care Unit to discuss any aspect of their treatment with one of the ICU doctors or nurses.

Give us your views

We hope that your experience of the Intensive Care Unit will be a positive one, but we are always looking for ways to improve our services. You can help us to decide those changes.

We would like you to fill in a **Relatives' Questionnaire**. These are available from the ICU reception desk. We really appreciate any feedback and suggestions you might have, and of course any insights on your experience would be helpful. Feedback helps us to improve facilities and continue to provide the best standard of care for our patients and their families.

The Intensive Care Team aims to provide a high quality service, however we appreciate that sometimes problems do arise. If you have any issues or concerns please speak to a member of staff and regardless of how busy we may seem, we are always happy to help resolve them.

If you feel that the problem is not being dealt with appropriately, please speak to the nurse in charge or to one of the Consultants.

If we are still unable to resolve things you may wish to discuss your concerns with the Patient Advice and Liaison Service (PALS). PALS is a confidential service where you can get advice and support, and if necessary information on the Trust's complaints procedure.

How to Contact PALS

Open Monday to Friday 9.00am to 4.00pm

Telephone: : 0845 155 8123 / 01752 439884
(internally extension 39844)

E-Mail: plh-tr.PALS@nhs.net

Or write to: Patient Advice & Liaison Office (PALS)

Patient Services
Level 7
Derriford Hospital
Plymouth, PL6 8DH

Other Support and Information

Sickness Benefit

Please ask a member of staff if you need a letter of confirmation that your relative is an in-patient on the Unit. Your local Social Services Department can provide advice with benefits or support with family issues whilst your relative is a patient on ICU.

Patients' Voluntary Welfare Fund

When a patient is suddenly admitted as an emergency, it can have a big impact on family finances, especially if they are the main wage earner. Visiting your relative can be very expensive. The Patients' Voluntary Welfare Fund is an organisation that may be able to provide financial help towards travel, parking and accommodation costs if you are finding it hard to cope on a low income.

Please contact Sue Knapman in Patient and Voluntary Welfare Services on 01752 763439 (Mon - Fri 9.30 to 12.30) for advice and to get an application form

The Intensive Care Society - www.ics.ac.uk

This has a useful patient and relative section.

ICUsteps - www.icusteps.org

The Intensive Care Unit Support Teams for Ex-Patients (ICUsteps) was founded in 2005 by ex-patients, their relatives and ICU staff to support patients and their families through the long road to recovery from critical illness.

Intensive Care National Audit & Research Centre

www.icnarc.org

The website has a useful section for patients and relatives.

Healthtalkonline

http://www.healthtalkonline.org/Intensive_care/

Healthtalkonline, an award-winning charity website, lets you share in other people's experiences of health and illness. It contains interviews with patients and relatives who have experienced intensive care.

Patient UK - www.patient.co.uk/

Samaritans

A help line is open 24hours a day for anyone in need of emotional support. Tel. No. 0845 790 9090

www.samaritans.org E-mail jo@samaritans.org.

Trauma

Holds lists of professional carers who specialise in helping people who have been affected by trauma.

To find a specialist in your area contact: Tel. No. 01242 890 306

Or write to: Buttfields, The Farthings, Withington, Gloucester.
GL54 4DF

Headway (The National Head Injuries Association)

Provides information, support and services to people with brain injury and their family and carers.

Tel.No. 0115 924 0800. Help line 0808 800 2244

www.headway.org.uk E-mail: enquiries@headway.org.uk

Spinal injuries Association – SIA

Provides information and advice for people with spinal cord injuries

Tel. No. 0800 980 0501

www.spinal.co.uk E-mail sia@spinal.co.uk

Cruse

A national charity offering support to anyone who has been bereaved. Trained Cruse volunteers can visit you at home or talk to you over the telephone.

24 hour support 0844 477 9400

www.crusebereavementcare.org.uk

UK Transplant

Provides information and useful links on organ and tissue transplant.

www.organdonation.nhs.uk

Spring Intensive Care Charity



Spring Intensive Care is a registered charity that supports the Intensive Care Unit at Derriford Hospital. It relies entirely on voluntary donations. These are used to help critically ill patients in Plymouth get the best care possible.

The charity uses its funds to purchase life saving equipment, fund nurses' education and support families of critically ill patients.

www.springintensivecare.org

This leaflet is available in large print and other formats and languages.

Contact: Patient Services

Tel. 01752 763031

This page is left blank for your notes and questions. There is space to note down useful contact details on the next page.

Names Of Staff Involved In Your Relatives' Care

Consultant Intensive Care
Physician:

Other (e.g. Surgeon):

Name of Nurses Involved in Your
Relative's Care:

Bedside Telephone Number:

:

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