Patients Name
Hospital Number
Unit
Date Admitted to ICU
Date Discharged From ICU
Spring Intensive Care Charity

This handbook has been supported by Spring Intensive Care Charity. Spring Intensive Care is a registered charity that supports both Penrose and Pencarrow and relies totally on voluntary donations which are used to ensure that critically ill patients in Plymouth get the best care possible. The funding of the patient diary is just one of the examples of how the money raised by the charity can be used. Over the years, the Charity has funded nurse education, supported the families of critically ill patients and brought various pieces of equipment. Some examples of this can be seen below.

How can you support us:

- By post - Please make your cheque payable to ‘Spring Intensive Care’ and send to Lucy Parker, Spring Intensive Care, Critical Care Unit, Level 4 Derriford Hospital, Plymouth PL6 8DH
- Online - Secure encrypted donations using Paypal, Debit or Credit card
- Please visit http://www.springintensivecare.org or scan this QR code

Registered Charity No: 297613
Introduction to Critical Care

The Critical Care Department is two wards within our hospital that cares for patients whose conditions are life-threatening and who need constant, close monitoring and support from equipment and medication to maintain normal body function.

Due to the specialist treatments and the constant monitoring that patients require on critical care, it has a higher level of staffing. The staff who work here are highly trained in caring for the most severely ill patients.
Rehabilitation on Intensive Care

is an on-going process, often started in the early phase of critical illness.

is an integral part to your recovery from critical illness.

is supported and encouraged by all members of the intensive care team.

Rehabilitation Planning

The Intensive Care Rehabilitation team is made up of Physiotherapy Assistant Practitioners, Specialist Rehabilitation Physiotherapists, Rehabilitation Link Nurses, Clinical Psychologist and have access to Speech and Languages Therapists. They all have extensive experience of Critical Care and working with patients to restore them back to their pre admission condition.
What should happen when you are on Intensive Care (ICU)?

- When you first come to Intensive Care you will have an initial assessment by a member of the Physiotherapy team.
- If this shows you could benefit from more support in your recovery/rehabilitation, you will have a more detailed assessment.
- This assessment will identify your Rehabilitation needs

**Rehabilitation Plan**

Following critical illness, some people will recover quite quickly. Others may take longer. People will have different rehabilitation needs so rehab plans will be individual to you. The rehab plan should be written up and clear for you and your loved ones to view.
One of your rehabilitation needs might be: Breathing

Every day our lungs produce 100mls of fluid called sputum. Sputum traps the dirt particles that we breathe in. This is normally coughed and cleared during the day to clear the lungs. Patients on ICU may require mechanical ventilation to help their breathing. This is necessary to allow the body to heal. However, it can stop the body’s natural ability to cough and clear the daily sputum load.

This is made worse if patients have pneumonia or a chest infection, as more sputum is produced. Physiotherapists work with the nursing teams to help patients to clear this excess sputum.

Ways in which the Intensive Care team can help with this:

- Positioning patients to allow gravity to help the sputum to drain from the lungs. For example, side lying

- Manual techniques such as percussion and vibrations. These are applied to the ribs with the aim to loosen and clear the sputum.

- The ‘cough assist’ is a device that blows air into the lungs to encourage a deep breath and can assist with the effort of coughing

- Suction which involves placing a small tube into the lungs to suck out the excess sputum

- Early activity such as getting into the chair or walking. This encourages deep breathing and coughing.
What is a tracheostomy? (Also known as a trache)

Some patients in critical care have undergone a procedure called a tracheostomy.

For more detailed information on tracheostomies please ask a member of the team for the ‘Tracheostomies on the Intensive Care Unit’ booklet.

This is where a tube is placed into the windpipe (in the neck) through the skin

- This will allow the patient to be connected to a ventilator (breathing machine).
- A tracheostomy allows access for suctioning of secretions, improved patient communication and weaning from the ventilator.

Can people eat, drink and talk with a tracheostomy?

- Yes. However before this can happen, the patient must have regained a good level of consciousness.
- Eating requires the cuff (balloon) around the tracheostomy tube to be deflated.
- As patients get stronger, a valve can be attached to the tracheostomy that allows the patient to speak.
- This is not always possible for all patients as it depends on the condition of the individual.
**Weaning from the ventilator (coming off breathing support)**

- If you are on a ventilator for a long time, your breathing muscles get weak.
- Weaning means reducing the ventilator’s support so that you can start to breathe for yourself.
- Physiotherapists play a vital role in helping you regain muscle strength; they will work closely with the intensive care team to make a ‘weaning’ plan.
- Weaning is part of your rehab, and you may find it tiring. The team may make a timetable to ensure there a balance between weaning and physio sessions to ensure you are challenged enough but don’t get too tired.

**A tracheostomy tube will be removed when:**

- The lungs are working efficiently and your cough is strong enough to remove the phlegm on your own
- Your swallow is safe and there is no risk of your saliva travelling down to your lungs
- You can tolerate the balloon like cuff on your trache being deflated for 24 hours.
- Part of the weaning process will also be reducing the amount of oxygen you receive.
- You have air flow through the nose and mouth. This involves covering the end of the trache tube with a speaking valve.

Sometimes patients are discharged to the ward with a tracheostomy and the Acute Care Team will work with the ward teams to remove the trache when it is safe to do so.
One of your rehab needs might be: Communication

You may not be able to talk and communicate. This could be because of your medical condition, or it might be because you need support for your breathing. Being unable to communicate is incredibly frustrating and can be frightening. Your communication needs should be assessed by a Speech and Language Therapist (SLT) because it is important that the advice you are given is appropriate to your needs as an individual. One of the following items may be recommended for you by the SLT, but these are not appropriate for everyone.

- Paper and pen
- Light touch call bell
- A Low Tech communication aid, such as an alphabet chart for you to spell out words or letters on (either by pointing with your finger or your eyes)
- There may be a suitable communication programme that can be downloaded for use on an iPad

One of your rehab needs might be: Swallowing (dysphagia)

What is it?
Dysphagia is the medical term for swallowing difficulties. Patients in ICU can often have swallowing difficulties. This could be because of your underlying medical condition, or it could be because of the effects of being intubated or from having breathing support whilst on an Intensive Care Unit.
What happens in a normal swallow and what can go wrong?
When we eat or drink we use the structures in our mouth (such as our teeth and tongue) to prepare the food or drink to go down into the oesophagus (or food pipe). The swallow is a complex series of co-ordinated actions which direct the food or drink down the oesophagus to the stomach and away from the trachea (or windpipe).

Dysphagia can range from difficulties such as holding a knife and fork, to controlling the food in the mouth because of muscle weakness. If food or drink accidentally goes into the windpipe this is called ‘aspiration’. Aspiration leads to an increased risk of complications such as pneumonia.

What are the signs of Dysphagia?

Common signs of dysphagia are:

- Coughing or throat clearing during eating or drinking
- Wet/ gurgly voice
- Difficulty controlling saliva e.g. drooling
- Difficulty controlling food e.g. food pocketing in the side of the mouth
- Changes to breathing when eating or drinking
- Weak cough
- Recurrent chest infections
How to get help
If you or someone you care for is experiencing swallowing difficulties, speak to a medical professional such as your doctor and explain your concerns. They can refer you to a Speech and Language Therapist (SLT). A SLT will carry out a swallowing assessment and make recommendations. The recommendations are based on the difficulties you are experiencing and may include changes to the types of food or fluid that you have or give you exercises to improve the function of your swallow.

One of your rehab needs might be: Physical ability

Being on ICU can cause you to become weak very quickly, potentially losing up to 2% of muscle daily. You may also experience joint stiffness, muscle tightness and reduced fitness; this can lead to long term disability. Physiotherapists play a vital role in maintaining and improving muscle strength and joint movement.

Here are some options that physiotherapists might to reduce the risk of joint stiffness, muscle shortening and muscle tightness while you are unable to move yourself
Positioning & 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. Sometimes splints will be used to help hold your joints in a good position.
Bed or chair bike
(for some patients)
1) This will move your legs for you (passively) to reduce joint stiffness and improve circulation.
2) 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.

Tilt Table
(for some patients)
Aims: Practice standing in a safe and controlled way.
Apply stretch to leg muscles
Load bones
**Getting out of bed is very important**

Even when you don’t feel well or are feeling tired, getting up can help your:

- **Bowel Function**
- **Bone Density**
- **Breathing**
- **Blood Pressure**
- **Exercise Tolerance**
- **Muscle Power**

**Things that can help you to get stronger:**

- 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 or brushing your teeth (these are called functional activities)
- Getting into a daily routine, including times of rest and times of activity. The team looking after you will help you this. To help you find the right balance, your visitors can also be involved.
- You will be given exercises that you can do by yourself (or with help from the nurses, physios or friends and family)
Ways to help get you moving out of bed

Stretcher Chair

Stand Aid

Hoist
Exercises

Exercise is important after being ill and helps you to recover from your time in intensive care. While you were ill your body took some of the energy needed to survive from its stores in your muscles, meaning they may be smaller and weaker. It takes time to get your strength back.

Some of the benefits of exercises are:

- Help to strengthen your heart and lungs
- Help to rebuild the muscle you lost during your illness
- Help to reduce stress
- Help you to get good refreshing sleep
- Improve movement in your joints
- Improve your confidence.

The exercises are divided into three sections:

**Bed exercises**: These are a good starting point and can be started whilst you are still a patient on intensive care.

**Chair exercises**: As soon as you start sitting out in a chair you can begin to do these exercises. They can be done alongside the bed exercises as well as on their own.

**Advanced exercises (in the Exercises at home section Page 34)**
These are designed to be a progression of the first two sets of exercises. Once you are discharged home and can walk without any help then you can start this section. They are found in the ‘recovery at home section of the booklet.

You physiotherapist will be able to give you advice on the number of repetitions to complete.
**Bed Exercises**

Move your ankles up and down

Push your knee down into the bed

Push knee into towel and lift your heel off the bed

Slide your heel along the bed towards your bottom

Pull up your toes and slide your leg out to the side.

Bend your knees & lift your bottom off the bed.
Chair Exercises

Cross your arms and turn your head and body left and right.

Start with your elbow straight then bend to touch your shoulder.

Lift your arm so that your elbow is beside your ear and then lower.

Keep your elbows tucked in, move your arms in and out.

March your legs while sitting.

Straighten one knee at a time and hold.
**Rehabilitation Pathway:**

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

**Preparing for the ward:**

Each person’s experience is likely to be different, because everyone will have different needs and requirements, therefore the ward you are transferred to and the input you receive will be individual to you.

Your rehabilitation pathway might follow the route detailed below.
Transfer to the Ward

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. While ward transfer is a sign of improvement and a step closer to going home, patients and families have to adjust to less monitoring and having fewer staff at close hand. It is normal to feel apprehensive about this.

You will be supported by:

- **Acute Care Team (ACT):** This team will come and review you within the first twenty four hours of going to the ward. The team is made up of senior nurses with advanced clinical skills and experience. They will review your condition and progress and if necessary they will address any specific issues. They will support you and the ward staff with the transition of care to the ward.

- **Ward Physiotherapist:** If required, will continue with rehab plans and goals you have set, as well as help plan your discharge from hospital. It’s important to keep doing your exercises, refer to pages 19 & 20. Your ward physiotherapist will inform you how many repetitions should be done and advise you how to progress your exercises.

- **Ward Team:** Nurses, Doctors, Pharmacists, Dieticians, Occupational Therapists, Clinical Psychologist, Speech and Language Therapists and more maybe involved as required in your continued recovery.
Post Intensive Care Syndrome

Post intensive care syndrome is the name for a collection of symptoms that patients and relatives can experience after a stay in critical care. These are broken down further for patients and relatives.

Some of the things that may be experienced after critical illness are:
Common experiences after Intensive Care

Patients are often immobile (lying still) for much of their time in intensive care, sometimes resulting in general stiffness or painful joints, especially in the knees and shoulders. They can also lose muscle as a result of being so ill, especially in the legs, which often results in general weakness and problems with mobility. This can mean that patients may become tired or short of breath when beginning to mobilise on the general ward. Not everyone is affected this way, although all of these problems can be more severe among patients who have spent longer in intensive care.

Some patients begin to realise on the ward how unwell they have been, and have to begin to try to make sense of what has happened to them. Common psychological issues include strange dreams, problems sleeping or feeling anxious or low. If you would like support with any of these symptoms please ask your current ward clinical team.

How your family can help:

- Help with exercises
- Help with walking – please check it is safe with your Physiotherapist
- Short breaks off the ward – Please check with nurses. Short walks around the ward/ hospital can be really helpful and offer a change of scenery.
- Massage – especially hands, feet or face
- Bringing in things from home that will make you feel more comfortable and happier.
- Mouth care – the use of lip balm and helping you to freshen up your mouth with water or toothpaste.
- Orientation
Critical Care Psychology

Being physically unwell has a psychological and emotional as well as a physical impact. It can also impact on your memory and thinking. Being critically ill means you will probably go through a process of adjusting and recovery which may take time.

Here are some exercises which you might find helpful

Grounding exercises.

Sometimes in hospital there is just too much time to think - our mind over-works which is not usually a helpful process. It is important to work with your mind to try to help it be more of a friend to you.

Grounding your mind to focus on the here and now is important.

There are different ways in which we can help to ground our mind:

Breathing

When we are anxious or upset our breathing becomes more rapid. We can feel better by deliberately slowing and relaxing our breathing. Anxious breathing is up in the chest, whereas relaxed breathing happens deeper in the belly

Relaxed breathing instructions

- Breathe in slowly and steadily through your nose for a count of 4 - don’t rush this
- Pause for a count of 1
- Exhale slowly and steadily for a count of 4 - breathe out gradually.
- Repeat for a few minutes until you notice a change in how your body feels
- If you get distracted, or if your mind wanders, just bring your attention back to how it feels to breathe in and out
**Smells**

If you are deliberately paying attention to a smell you are truly in the present moment. Try to find a smell that has positive associations for you – maybe one that reminds you of happy times, or a smell which you enjoy. Use it to bring yourself back to the present moment.

Helpful smells

- Small bottles of essential oils - e.g. eucalyptus, mint, lavender, lemon
- Small dried flowers such as lavender
- Perfume soaked on a tissue
- Whole spices from the kitchen

**Grounding statement**

We can sometimes forget that we are safe in the present. It can be helpful to write a ‘grounding statement’ to remind yourself that you are safe. You can read it if you become upset.

For example I survived and I am safe now.

**Mindfulness**

**What Is Mindfulness?**

Mindfulness is about being aware of what is happening in the present, moment-by-moment, without making judgements about what we notice.

**Why should I practice mindfulness?**

Our minds can be focused on things in the past, present or future. We often find ourselves thinking about events that have already happened, or worrying about things that could happen. Mindfulness is a practice which encourages us to attend to the present moment. There is good evidence that mindfulness practice can help people cope more effectively with a wide variety of feelings, including physical feelings such as pain.

**Why do I need to practice?**
We can all pay attention to the present moment, at least for a short while. If you haven’t tried meditation before, though, you might notice that your attention wanders and is not easily controlled. People who practice mindfulness regularly find that it helps their ability to stay in the present moment.

**How to include Mindfulness in your life**

- Choose an activity to do mindfully throughout the day, for one, two or five minutes. For example: Drink a cup of tea. Listen to music, watch something.
- Whatever you are doing, be in that moment, right now. See, hear, smell, touch, feel, breathe.
- Simply notice whenever other thoughts and sensations come to mind, then refocus on your chosen mindful activity.
- Be patient and compassionate with yourself.
- Describe… rather than judge good or bad, pleasant or unpleasant.
- It is as it is.
- It will pass.

**Sometime this 5 to 1 exercise is good –**

Please name:

5 things I can see
4 things I can hear
3 things I can touch or feel
2 things I can smell or like the smell of and then take
1 slow deep breath

**Progressive muscle relaxation exercise**

Progressive Muscle Relaxation teaches you how to relax your muscles

Take a deep breath in through your nose…hold your breath for a few seconds…and now breathe out…take another deep breath through your nose… Now pay attention to your body and how it feels…. Start with your right foot… squeeze all the muscles in your right foot. Curl your toes as tight as you can, now hold it….hold it…good…now relax and exhale…let
your foot go limp…notice the difference between the tension and relaxation….feel the tension flow out of your foot like water…(then repeat with right lower leg and foot, entire right leg, etc…) You then work through almost all the major muscle groups in your body. To make it easier to remember, start with your feet and systematically move up (or if you prefer, you can do it in the reverse order, from your forehead down to your feet).

For example:

Foot (curl your toes downward)
Lower leg and foot (tighten your calf muscle by pulling toes towards you)
Entire leg (squeeze thigh muscles while doing above)
(Repeat on other side of body)
Hand (clench your fist)
Entire right arm (tighten your biceps by drawing your forearm up towards your shoulder and “make a muscle”, while clenching fist)
(Repeat on other side of body)
Buttocks (tighten by pulling your buttocks together)
Stomach (suck your stomach in)
Chest (tightly by taking a deep breath)
Neck and shoulders (raise your shoulders up to touch your ears)
Mouth (open your mouth wide enough to stretch the hinges of your jaw)
Eyes (clench your eyelids tightly shut)
Forehead (raise your eyebrows as far as you can)

**Delirium and diaries**

Many people who are critically ill experience delirium. When you are delirious you often experience a world that makes no sense but feels very real. There is a lot of information in your patient diary about delirium.
When you are delirious you might say upsetting things, because your mind may be in turmoil. It is important that the people around you keep telling you that you are safe, make eye contact with you, and say words like I am not going to let anything happen to you. Tone of voice is really important.

You can experience delirium even when you are conscious. Sometimes it is hard to sleep because when you close your eyes you might get loads of images.

If you do not have a patient diary and would like to know more about either delirium or patient diaries please let us know. Contact details are below.

**Anxiety and Depression**

If you find that you feel low, anxious, or worried either when in hospital or once you get home please get in touch with Rachel Clarke, Critical Care Psychologist on 01752 430301/431403 or r.clarke1@nhs.net)

**What is anxiety?**

Anxiety can have both psychological and physical symptoms. Psychological symptoms can include:

- feeling worried or uneasy a lot of the time
- having difficulty sleeping, which makes you feel tired
- not being able to concentrate
- being irritable
- being extra alert
- feeling on edge or not being able to relax
- needing frequent reassurance from other people
- feeling tearful

When you're feeling anxious or stressed, your body releases stress hormones, such as adrenaline and cortisol. These cause the physical
symptoms of anxiety, such as an increased heart rate and increased sweating.

Physical symptoms can include:

- a pounding heartbeat
- breathing faster
- palpitations (an irregular heartbeat)
- feeling sick
- chest pains
- headaches
- sweating
- loss of appetite
- feeling faint
- needing the toilet more frequently
- "butterflies" in your tummy

**What is PTSD?**

Post-traumatic stress disorder (PTSD) is an anxiety disorder caused by very stressful, frightening or distressing events.

Someone with PTSD often relives the traumatic event through nightmares and flashbacks, and may experience feelings of isolation, irritability and guilt. They may also have problems sleeping, such as insomnia, and find concentrating difficult.

The symptoms of post-traumatic stress disorder (PTSD) can have a significant impact on your day-to-day life.

The specific symptoms of PTSD can vary widely between individuals, but generally fall into the categories described below.

**Re-experiencing**

Re-experiencing is the most typical symptom of PTSD. This is when a person involuntarily and vividly relives the traumatic event in the form of:

- Flashbacks
- Nightmares
Repetitive and distressing images or sensations

Physical sensations such as pain, sweating, feeling sick or trembling.

Some people have constant negative thoughts about their experience, repeatedly asking themselves questions that prevent them coming to terms with the event.

For example, they may wonder why the event happened to them and if they could have done anything to stop it, which can lead to feelings of guilt or shame.

**Avoidance and emotional numbing**

Trying to avoid being reminded of the traumatic event is another key symptom of PTSD. This usually means avoiding certain people or places that remind you of the trauma, or avoiding talking to anyone about your experience.

Many people with PTSD try to push memories of the event out of their mind, often distracting themselves with work or hobbies. Some people attempt to deal with their feelings by trying not to feel anything at all. This is known as emotional numbing.

This can lead to the person becoming isolated and withdrawn, and they may also give up pursuing activities they used to enjoy.

**Hyper-arousal (feeling 'on edge')**

Someone with PTSD may be very anxious and find it difficult to relax. They may be constantly aware of threats and easily startled. This state of mind is known as hyperarousal.

Hyperarousal often leads to:

- Irritability
- angry outbursts
- sleeping problems (insomnia)
- difficulty concentrating
What is depression?
The symptoms of depression can be complex and vary widely between people. But as a general rule, if you're depressed, you feel sad, hopeless and lose interest in things you used to enjoy.

There are many other symptoms of depression.

Psychological symptoms:
The psychological symptoms of depression include:

- continuous low mood or sadness
- feeling hopeless and helpless
- having low self-esteem
- feeling tearful
- feeling guilt-ridden
- feeling irritable and intolerant of others
- having no motivation or interest in things
- finding it difficult to make decisions
- not getting any enjoyment out of life
- feeling anxious or worried
- having suicidal thoughts or thoughts of harming yourself

Physical symptoms:
The physical symptoms of depression include:

- moving or speaking more slowly than usual
- changes in appetite or weight (usually decreased, but sometimes increased)
- constipation
- unexplained aches and pains
- lack of energy
- low sex drive (loss of libido)
- changes to your menstrual cycle
- disturbed sleep – for example, finding it difficult to fall asleep at night or waking up very early in the morning
**Social symptoms:**
The social symptoms of depression include:

- not doing well at work
- avoiding contact with friends and taking part in fewer social activities
- neglecting your hobbies and interests
- having difficulties in your home and family life

**When to get in touch?**

You can get in touch either when you are still in hospital or after you leave. A few months after you are discharged from hospital you should receive a questionnaire form the Intensive Care Unit, which will be another opportunity to get in touch if you would like to.

**Discharge Home**

The decision for you to be discharged from hospital will ultimately be made by your medical or surgical Consultant.

These decisions will be made in close consultation with other members of the team who have been taking care of you during your recovery including the nursing staff and the wider MDT.

The support that you will require when you are discharged will vary depending on many factors including your personal circumstances, illness and length of hospital stay.

When you are ready to be discharged from hospital your exercise plan will be reviewed according to your ability and progress. Your physiotherapist will assess whether you require on-going physiotherapy input in the community.

Once you have been discharged from hospital your recovery will be well underway, however many patients still have further to go before they will make improvements.

This prolonged recovery period can lead to problems including experiencing considerable levels of anxiety and depression. For many patients the recovery phase of their illness is the most stressful. The emotional impact of having been critically ill can last for some time.
After being critically ill, it can take many months before you start to feel 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.

**Getting back to day to day life**

Getting home is a huge step on the road to recovery. While it is often an enormous relief to be home, some may find the first few weeks a bit of an emotional rollercoaster in terms of readjusting to everyday life, and being without constant clinical care and support.

In this section, we've provided some general information and advice on the common physical and psychological issues you might face, what you can do to help the recovery process along, and the types of help that might be available to you and your family after you get home.

**Recovery at home**

The information in this section is aimed at helping you regain some of the strength and mobility you will have lost during your time spent in hospital. When you have been ill, it can take a while to get back to feeling your normal self. It can be quite a shock how difficult it is to try to do your normal activities. You may get tired very easily. Even simple things, like washing and dressing, can be exhausting to start with.

This is normal as your muscles have not had to do any work for a while and they need time to build their strength again.

The good news is you can rebuild your muscles back to what they were before.

- *You will need to do some exercises, it will not happen by itself.*
- *Everyone is different and so it’s impossible to give an exact timetable for how much exercise you should take and when.*

Remember you have had a serious illness. You will be very weak and your body has a lot of work to do to get back to being fit. It’s
really important to be realistic in what you expect yourself to be able to do.
Setting goals for recovery

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.

You may like to set yourself small goals to reach by the end of each week.

These can be physical or mental or both. Reflecting back on these can be quite encouraging, as long as you do not set yourself goals that are too difficult and unrealistic.
Mobility and Exercise at Home

This section aims to give you general advice about exercise and how regular exercise should form part of your recovery. It may be quite a shock when you realise how weak you have become whilst in hospital, especially if you cannot remember a lot of your time in the intensive care unit. It can be very distressing to suddenly wake up and be hardly able to move, especially if you were very active before you became ill.

The physiotherapist may have seen you on the ward and discussed an exercise plan with you if they felt it was necessary. If so please follow that plan. It is important that you continue your exercise programme at home.

Not everyone will need specific exercises. Following the exercises and advice in this leaflet will also help you to get stronger. Please refer back to the bed and chair exercises (pages 19-20). If you are able to walk independently you can progress to the standing exercises (Page 38-39).

Important things to remember before exercising

Make sure you:

• Pace yourself. Try to do a small activity and then plan to rest. This stops you exhausting yourself by doing too much at once.

• Look back at what you could do when you began and compare it to now. You’ll be surprised how much more you can do!

• Use the exercises in this leaflet to help improve your strength and fitness.

Return to normal hobbies gradually. Remember that your body will be less fit than before you were ill. Start with a small amount and slowly increase time and difficulty.

It is important to remember that walking around your house and using the stairs is also exercise.

Your walking distance should improve over time and you should follow the advice the physiotherapist gave you about increasing your walking.
If you feel that you are not making progress with your physical recovery or you would like some advice or support, it is recommend that you visit you GP who will be able to make appropriate recommendations or referrals.

**Guide to physical activities**

**When it’s is not safe to exercise or when to stop exercising**

- You are unwell
- You feel tired
- You develop chest pain, dizziness or undue shortness of breath
- Increase in chest tightness
- Joint or muscle pain

If the symptoms persist, contact your GP immediately. If the symptoms settle in 2-3 minutes, do not continue with the exercise but contact your physiotherapist or GP for advice.

It is normal to be out of breath and for your heart rate to increase with exercise and walking, but this should return to normal within five minutes after finishing.

You should not:

- Feel that your heart is racing.
- Get so out of breath that you cannot talk during exercise.

If you get this out of breath, slow down or rest before continuing

**Standing / Advanced Exercises:**

Only try these exercises if you can walk independently

- Wear loose, comfortable clothing and keep a glass of water handy.
- Try doing these exercises at least twice a week, this will help to improve muscle strength, balance and co-ordination.
• Build up slowly and aim to increase the repetitions of each exercise over time.
• Hold on to a firm surface for all standing exercises. Keep the body upright and toes pointed forward.

Exercises Continued…
Exercise & Repetition Advice

- Not all exercises need to be done all at once, break them down into manageable bite size chunks.
- Start with 6 - 8 repetitions of each activity, increase as able.
Support for your Relatives and Carers

Caring for a loved one who has been in critically unwell is extremely stressful. The impact on a relative or carer can be significant. The challenges of caring for someone after an extended hospital stay or for someone with new personal care needs can mean that changes may have to be made to support their return home.

The charity ICU Steps has lots of information online on how best to support your relative and yourself. Patient experience videos can be particularly useful.

Support groups are available both online and in person and we hope to offer this service to our department soon.

If you are worried about adapting to the changes when your relative returns home we recommend you speak to your team of doctors and nurses. If you would like to speak to someone from Critical Care please get in touch via telephone on 01752 431404.
Life after critical illness can be challenging and it can feel like a series of stepping stones to feel “normal” again. This process will take time, effort and energy for you and your family. Remember to give yourself time to adapt, recharge and support yourself or your loved ones through this process.
What can a patient do to help themselves after ICU treatment?

Some patients will have no memory of their time in ICU. Others can find it very distressing to think about it because they may have found it a very frightening experience. Whatever their memories, it can take a patient some time to recover emotionally from an ICU stay.

When they feel able to, some patients may find it helpful to:

- Try to piece together what happened to them in ICU, what treatments they had etc. This helps to make sense of what was imaginary and what was real, because it can be very hard to work that out, even weeks after an ICU stay.
- To read the patient diary of what happened in ICU
- Go back and visit the ICU unit. This can be very difficult for the patient to do, but can help the patient to make sense of what happened to them. Staff will have time to talk and explain the machines and what equipment was used.
- Talk to a follow up nurse / outreach nurse or a counsellor about their time in ICU.

These are only ideas and some patients may not want to remember what happened and may not want to talk about it. Others may find it very painful to remember their time in Critical Care, and may need to take their time before they can begin to come to terms with what has happened to them.
**Further Support for Patients, Relatives and Children**

If you would like the opportunity to meet one of our Nurses, Doctors or Clinical Psychologist to discuss any concerns raised from information contained in this manual then please call **01752 431403/ 431404** and an appointment can be arranged.

Additional support and help can also be found using some of the links provided below

**ICU Resources**

<table>
<thead>
<tr>
<th></th>
<th>Critical Care Recovery</th>
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<tbody>
<tr>
<td><img src="NHS" alt="Critcal Care Recovery" /></td>
<td>Designed to support patients and families in and after Intensive Care</td>
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<tr>
<td></td>
<td>Website</td>
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<tr>
<td></td>
<td><a href="http://www.criticalcarerecovery.com">www.criticalcarerecovery.com</a></td>
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<tr>
<td><img src="ICUsteps" alt="ICUsteps" /></td>
<td>ICUsteps</td>
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<tr>
<td></td>
<td>Founded by ex-ICU patients, their relatives and ICU staff to support patients and families through the long road to recovery from critical illness.</td>
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<tr>
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<td>Website</td>
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<tr>
<td></td>
<td><a href="http://www.icusteps.org">www.icusteps.org</a></td>
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<tr>
<td><img src="AfterTrauma" alt="AfterTrauma" /></td>
<td>AfterTrauma</td>
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<tr>
<td><strong>ICU Delirium</strong></td>
<td>Designed to help understand the problems that critically ill patients experience</td>
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<tr>
<td><strong>Website</strong></td>
<td><a href="http://www.icudelirium.org">www.icudelirium.org</a></td>
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<thead>
<tr>
<th><strong>Macmillan</strong></th>
<th>Support and advice designed to support people affected by cancer</th>
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<tbody>
<tr>
<td><strong>Website</strong></td>
<td><a href="http://www.macmillan.org.uk">www.macmillan.org.uk</a></td>
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<tr>
<td><strong>Telephone</strong></td>
<td>0808 808 0000</td>
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<tr>
<th><strong>Spinal Injuries Association</strong></th>
<th>Charity designed to help people with or affected by a Spinal Cord Injury</th>
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<tbody>
<tr>
<td><strong>Website</strong></td>
<td><a href="http://www.spinal.co.uk">www.spinal.co.uk</a></td>
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<tr>
<td><strong>Telephone</strong></td>
<td>0800 980 0501</td>
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<tr>
<td><strong>Samaritans</strong></td>
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<tr>
<td>Offer a safe place to talk any time you like, in your own way about whatever's getting to you.</td>
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</tr>
<tr>
<td><strong>Website</strong></td>
<td><a href="http://www.samaritans.org">www.samaritans.org</a></td>
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<tr>
<td><strong>Telephone</strong></td>
<td>116 123</td>
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<tr>
<th><strong>Headway</strong></th>
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<tr>
<td>A charity that works to improve life after brain injury</td>
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<tr>
<td><strong>Website</strong></td>
<td><a href="http://www.headway.org.uk/">www.headway.org.uk/</a></td>
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<tr>
<td><strong>Telephone</strong></td>
<td>0808 800 2244</td>
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<tr>
<th><strong>Stroke Association</strong></th>
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<tr>
<td>Providing help after a stroke</td>
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<tr>
<td><strong>Website</strong></td>
<td><a href="http://www.stroke.org.uk">www.stroke.org.uk</a></td>
</tr>
<tr>
<td><strong>Telephone</strong></td>
<td>0845 3033 100</td>
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