

Hinchingbrooke Critical Care Centre (CCC)

Information for relatives and carers.

Direct Line Number: 01480 416229
Patients Telephone number: 01480 363945

No Visiting please between 12:00 – 14:30
Except in special circumstances.

What is Critical Care?

Patients who suffer severe trauma, have undergone prolonged and complicated surgery or suffer from a severe infection often need treatment in an intensive care unit. Here the critical care team can provide intensive monitoring of patients and specialized equipment to support body systems that are not working well or have already failed.

On admission to Critical Care

We understand that you will be anxious to see your relative as soon as possible after their admission to CCC. Please be aware that it can take anything up to two hours to stabilize a patient following admission to CCC. You may be asked to wait in the relative's room for some time before you are allowed in to see your relative. However staff will endeavor to keep you updated as to the progress of your relative.

Visiting

We operate an open visiting policy and do not have set visiting times. However, in order to encourage as much rest as possible, for the patient as well as their relatives, we operate a rest period between 12pm and 2.30pm. Please do not visit during this time.

We ask, that when you visit, you ring the bell at the entrance to the CCC and wait for someone to answer. This may not always be immediately. We may be busy with other patients at the time.

If you haven't done so already can you please switch off your mobile phones as they interfere with some of the medical equipment. Mobile phones can be used in the visitors room only.

Please use the alcohol hand rub provided and help us in minimizing the risk of transmitting infections to our vulnerable patients.

We will ask you to leave the unit during Doctors rounds to maintain patient confidentiality; this will be between 08:30 – 09:30 and 17:30 – 18:30.

Please Note two visitors only per patient, apart from exceptional circumstances.



Visitors are asked not to bring flowers, but may wish to consider an alternative such as toiletries or fruit is appropriate.

Personal Belongings.

We have limited storage space; we therefore would ask relatives to take any belongings home with them after admission.

Articles NOT required during CCC stay:

- Nightwear.
- Towels.
- Flannels.
- Bars of soap.

Items listed below are usually sufficient:

- Shaving Equipment
- Toothpaste and Toothbrush
- Deodorant
- Bubble bath, Shower gels or liquid soaps.

We have radios, CD players and TV's for patients use.

Next of Kin.

Please understand that we cannot give information over the phone, this is to protect patients confidentiality.

In order to help us spend as much time as possible with your relative, it would be helpful if there could be one nominated spokesperson who could relay information to other members of the family.

We understand that the closest person to the patient may not necessarily be related.

It is often very busy between 8.30am and 9.30, we would appreciate it if you did not call during this time.

Transfers of patients to other Intensive Care Units.

In exceptional circumstances it may be necessary to transfer a patient to another hospital's ICU. The decision as to which patient is the most suitable for transfer will be decided by the Consultant Anesthetist.

Moving patients at short notice

Sometimes, when we have a critically ill patient who needs to be admitted, we may need to move a patient to the ward at short notice. We will only do this if we have to and will only move those patients who the consultant feels are well enough.

Smoking.

The hospital operates a No-Smoking policy throughout the buildings & grounds

Visitors Room.

Our visitor's room offers a comfortable environment for people waiting to visit patients in the CCC. There is a toilet for visitor's use, which is situated directly opposite the relative's room.

Cold drinking water is always available. Cups are provided but if you find the dispenser empty please inform a member of staff who will refill it. You may bring hot drinks into the room from the restaurants, but it would be appreciated if you could return any trays/crockery back to where they came when you have finished with them.

As the visitors room is not very big it is helpful if larger groups of visitors wait for example in the chairs in the main entrance of the hospital and come to the CCC a few at a time. This enables the visitors for all our patients to use the room.



Car Parking

All the hospital car parks are pay and display. If you are a relative of a patient in CCC, you may be able to gain a concessionary parking permit for a one off payment, the permit lasts for one week. These are available, during office hours, from the hospital office on the ground floor.

Catering facilities.

The hospital has two restaurants where you can purchase snacks, sandwiches and hot meals and drinks. There is also a small newsagent for papers and magazines situated in the main entrance.

Opening times are as follows

The Forester, (Café in main entrance)

Monday	Friday.	7.30am – 9.00pm
Hot food	Breakfast	7.30am – 9.45am
	Lunch	12.00 midday – 1.45pm.
	Supper	6.00pm – 9.00pm

Saturday and Sunday.	1.30pm – 9.00pm
Hot food. Supper	6.00pm – 9.00pm.

Breakfast and Lunch available in the Garden Restaurant on the first floor.

Relatives of a patient in CCC may be eligible for a discount in the hospital restaurants. Please ask the nurse who is caring you're your relative for more information.

In The Critical Care Centre

What will the patient look like?

In addition to the noise and bustle you will find that most patients are connected by many tubes and cables to various machines.

Each patient usually looks peacefully asleep. This is because we can slowly and continuously infuse drugs into the patient to induce sleep (sedatives) and other ones to relieve any pain (analgesics).

You may not initially recognize the patient partly because of the unusual circumstances of being in hospital but also because critically ill patients look slightly swollen, in addition to any problems they had before.

This swelling is to be expected and resolves over a period of time once the patients overall health improves.



Why is the CCC so noisy?

Almost all of the pumps and machines in CCC have alarms, and you are almost certain to hear at least one go off during your visit.

When an alarm goes off, it does not mean that the machine has stopped working, it simply tells the nurse that something needs attention or something about the patient has changed slightly.

All alarm levels are customized for each patient, and will give audible and visual guidance to aid the nurses caring for your relative.

All of the bedside monitors are connected to a central monitor located at the nurses' station, where the information from each bed is shown. Other information is also stored and can be accessed and printed out, such as alarm histories or abnormal heart rhythms to name a few.

Very few of the alarms require immediate action from the nurse; usually the nurse will just silence the alarm and continue with the task at hand.

If you are concerned or interested please ask the nurse about the alarms.



The Critical Care Centre Equipment.

What are ventilators?



When breathing becomes too much hard work, patients could develop a lack of oxygen (hypoxia), breathing can then be supported or completely taken over by a ventilator, sometimes called a life support or breathing machine.

The ventilator blows air and oxygen into the patients lungs and then lets it out again, in exactly the same way as it would occur naturally (called mechanical ventilation)

Because having a tube in the mouth (called an endotracheal tube) for extended periods is uncomfortable, patients who require ventilation are often given drugs to make them sleep (sedatives).

The tube will be held in place by a cotton ribbon, which is tied behind a patient's neck. To clear secretions from patient's lungs a thin plastic tube is pushed down gently through the breathing tube to apply suction. This can make patients cough and might look distressing to you. If you prefer not to see this please ask the nurse to give you warning.

Physiotherapists treat patient's chest to help clear secretions from their lungs. They also help patients who are recovering regain their mobility through gentle exercise.

Patients can be ventilated for several days using a tube in the mouth but sometimes it is preferable to use a tracheotomy.

Why are tracheostomys sometimes needed?

Some patients will need their breathing supported for a prolonged period of time. These patients can benefit from having the tube in their mouth changed to a shorter tube that is placed directly into the windpipe through the front of the neck. This is known as a tracheostomy and has several advantages:

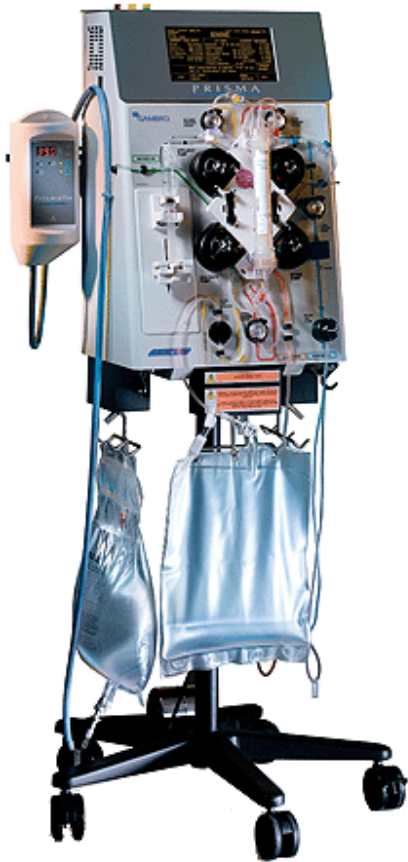
- A tracheostomy makes it easier to keep a patients lungs clean, which is important for their health.
- Tracheostomies are more comfortable for patients than having a tube in the mouth; therefore patients need less of the drugs that make them sleepy.



Tracheostomies can make it easier to wean some patients off the ventilator. When the patient no longer needs their tracheostomy it is simply removed and the hole is covered with an airtight dressing. Within a short period of time the hole closes and heals over.

Kidney dialysis (the artificial kidney machine)

Some patients develop kidney failure during their illness, and the work of the kidney is then done by a special machine that filters the body's waste products out of the blood, just like the kidney. Kidneys can fail temporarily and needing to have dialysis on the unit doesn't mean the patient will always have to be dialysed.



Beside Monitor

Monitors above every bed display information about heart rate and rhythm, blood pressure, oxygen saturation etc.

Heart Monitoring. (Usually 1st and 2nd green lines on monitor)

Wires are often connected to small round adhesive pads stuck on the chest or arms. These pick up the electrical activity of the heart, which is displayed on the monitor as an ECG. Next to the ECG trace on the monitor will be displayed a number which is the patients heart rate.

Blood Pressure (and blood samples). (1st red lines on monitor)

A small plastic tube is inserted painlessly using local anaesthetic into an artery, either at the wrist, elbow or in the groin allowing the blood pressure to be measured continuously. This can also be used to take blood samples.

Fluid levels and Central Lines. (1st blue line on monitor)

A slightly larger plastic tube lies in a big vein, usually either on the side of the neck or just below the collarbone, on the outside of the patient.

This tube often divides into three or four smaller ones. One of these is likely to be used to measure the central venous pressure (CVP), which is an indication of how much fluid a patient needs.

The other tubes can be used to deliver drugs such as sedatives, analgesics or antibiotics. These tubes are also used to infuse any drugs used to support heart and circulation.

While a patient is on the ICU, the lines and numbers on the monitor change continuously. This can be alarming to visitors, do ask the nurse to explain what they mean. There is no need to watch the monitor or worry about what they mean.



Syringe drivers and Pumps.

Syringe drivers and Pumps are used to infuse drugs to support blood pressure, to sedate the patient or to relieve pain at a consistent preset rate.



Nutrition.

Nutrition is essential in critically ill patients; most patients have a thin tube inserted into their nose into the stomach. A feeding pump administers a milky looking substance that contains all the calories, vitamins, proteins etc normally contained in a full and healthy meal.

A dietician will calculate the individual requirements for each patient depending on their condition and illness.

How to look after yourself as a visitor and things that may help.

Having a friend or relative stay in Critical Care can be extremely stressful, particularly during periods of critical illness.

It is important to remember that during this time the patients themselves are usually completely unaware of what is going on and so the stress and anxiety is borne entirely by you.

At this stage it is important to look after yourself as much as possible because you will need your strength and resilience later on, when the patient is convalescing and probably making more demands.

- Do visit as often as you want to. Do not feel that you need to be at the bedside all the time. If you can't face a visit don't feel guilty.
- Do share the visiting with other friends and relatives.
- Try and visit with a friend or relative who can provide you with some support.
- Do ask for help from friends, family and neighbors to get to and from the hospital and to help with shopping and household chores.
- Do NOT neglect your own needs. Try to eat proper regular meals and get as much rest as possible.
- Do share any concerns you might have about your health with your GP (general Practitioner).

Is there anything I can do to help?

It is easy to feel useless and helpless when visiting a relative in the ICU. Most visitors have never had to visit a patient in an intensive care before, and for at least some of the time the patient will be unconscious or heavily sedated. You do not have to do anything when visiting, but some people find it easier to be doing something to help. Examples may include:

- Massaging the patient's hands and feet.
- Reading the patient a favorite book or newspaper. Or letting them know what is happening at home.
- Helping the nurses with simple tasks like washing and shaving, and mouth care.

- If the patient is in a side room it can be relaxing to play some of their favorite music.

Can a patient hear me when they are unconscious?

We think that hearing is one of the first senses to recover after sedation or a period of unconsciousness. This is why the Nurses and Doctors explain to the patient, even when they appear to be asleep, what they are about to do. Some people find it comforting to talk to the patient – so do not be afraid or embarrassed to do so. No one knows whether a loved one can hear you or not at a particular time, but it can help you retain a connection to them as a person.

Is there anything I can do to help a patient when they recover?

One of people's main comments when they recover from a period of critical illness is that they cannot account for the time lost whilst they have been ill. A simple thing you could do to help prepare your loved one for this phase of their hospital stay is to keep a simple diary for them. We will tell you when it would be best to start and provide you with the materials needed to keep a diary. That will be kept at the bedside. Then, whenever you or anyone else visits or has something they would like to say, it can be jotted down in the diary. The entries don't have to be too long or profound: simple, personal and relevant is best.

It has been found these diaries help patients (and you) when they are strong enough to read them. It helps them to put the pieces together again for themselves. You might also save some newspapers from the period they were unconscious – it can be disconcerting to find that they have missed out on major world events, or even characters leaving a TV series.

We have a booklet called "Intensive Care Unit, Help and advice for patients" Your relative will be given this when they are well enough to leave Critical Care.

Below are some websites that you may find useful.

<http://www.icusteps.com/>

<http://www.i-canuk.com/>