

John Radcliffe Hospital

# Adult Intensive Care Unit

Information for relatives



## Introduction

This booklet is written for you, the family and friends of patients. We hope it will answer many of your questions about Intensive Care and help to relieve some of the anxiety that you may be feeling.

Please do not hesitate to ask a member of staff for any additional information.



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## About Intensive Care

The Adult Intensive Care Unit (AICU) cares for adult patients who are critically ill or need constant observation and care and offers a large number of treatments that cannot be given on a normal ward.

We aim to provide high standards of care to patients, and to support visitors and relatives as best we can.

A wide range of equipment is used to help us care for our patients. This can appear daunting at first, but the staff will explain this equipment to you.

The Unit comprises three adjacent clinical areas: Unit A, B and C. Sometimes patients in AICU may have to be moved to the Churchill Intensive Care Unit (CICU) at the Churchill Hospital for specialist care that is not available at the JR. Staff at CICU are part of the same medical and nursing team.

## Our staff

Our Clinical Lead oversees a team of several consultants, who support the staff caring for your relative. There may be two consultants in the Unit in one week.

Our Matron leads the nursing staff, including senior nurses. There will be a senior nurse on each shift. Senior nurses wear navy blue uniforms.

All our patients are cared for by a 'multidisciplinary team', which includes nurses, doctors, physiotherapists, dietitians, pharmacists and administration staff.

Each patient has one nurse caring for them on each shift, providing 24 hour care.

### **Nursing shifts**

7.30am - 8.00pm

7.30pm - 8.00am

Occasionally a patient is cared for by a nurse working a shorter shift, or nurses may be looking after more than one patient.



## What to expect during the first few days

Your relative or friend may have been admitted to AICU for a variety of reasons. They may have had an operation and need specialist and close observation for the first 12 - 24 hours. Alternatively, it may be because their body is not working normally and if they do not get special help, there may be serious long-term effects on their health or they may die. We understand that this is a worrying and stressful time for you, and the information here will explain some of what may happen.

When one of your relatives or friends is first admitted to an ICU, it is normal for you to feel helpless, and desperate to know everything you can about their recovery.

The patient will need time to let their body rest and get over the shock of becoming so ill. Sometimes they will be given strong pain killing drugs or sedatives to help the healing process begin. If you have questions about what is being done, ask the staff. They will answer your questions as well as they can, but they will

not want to give you false hope. The staff will be happy to explain what they are doing and they will be able to update you as time goes on.

### **How you can help**

Days may go by with no change in the patient's condition. There may be nothing for you to do but sit by their bedside and wait. Nurses will often talk through what they are doing, even if the patient is unconscious. This is because, even though they are heavily sedated, the patient may be aware of being touched.

### **Helping the patient**

Talking to your relative or friend may also help. Keeping up a one-sided conversation can be difficult, but talking about shared experiences of holidays and good times can make you feel better too. You could also try reading a newspaper, magazine or book to them.

Even if the patient is conscious, you may find it hard to communicate with them. If they can't speak, they may be able to write, or spell out words by pointing to some letters, numbers and common words you have written on a piece of paper.

### **Helping the staff**

Some relatives find it helpful to be more involved in caring for the patient when they're recovering. You may be able to help by doing things such as brushing their teeth or massaging or moisturising their hands and feet. This will depend on how ill the patient is, and won't always be possible. If you want to help in this way, please ask the staff.

### **Preventing infection**

Patients who are critically ill may have difficulty fighting infections, and this can be very serious. The staff will do all they can to make sure the patient is protected. You can help too by washing your hands and using the anti-bacterial creams, gels or sprays you'll see around the Unit before you go near or touch the patient. You should also ask other visitors to do the same.



## Other things you can expect

### **Behaviour**

If the patient has been given sedatives, these will be gradually reduced as the patient gets better. This process is called 'weaning'. Depending on how ill they are, the drugs they needed, and how long they were sedated for, the weaning process can take hours or it can take days. During the weaning process the patient will be drowsy and confused, particularly in the early stages, but it's a necessary step and it means they're getting better.

Sometimes, the patient may behave out of character. This may be because of their illness or medication. They may be feeling agitated, confused, scared or paranoid. Paranoia is a form of anxiety or fear that can make you believe people are plotting against you or trying to hurt you. They may also have hallucinations (see things that aren't really there) and nightmares that seem very real to them. Patients sometimes believe staff members are trying to hurt them. This can be extremely distressing for you and the patient, but it will improve as they get better and begin to recover.



## Treatment and procedures

These may include the following.

**Support of breathing (ventilation),** either via a tight-fitting mask or through insertion of a breathing tube in the mouth or windpipe (tracheostomy).

If the patient is ventilated (on a breathing machine), the nurses may have to regularly clear the chest of mucus and fluid. This is done by putting a thinner tube into the breathing tube to suck up the mucus. This is quite noisy and can cause the patient to cough or wrretch.

**Continuous invasive monitoring** (invasive means plastic cannulas / tubes are put into the veins and arteries to enable blood pressure and flow to be measured).

Drainage tubes may also be put into the bladder (urinary catheter) and tubes into the stomach, usually through the nose (nasogastric tube).

**Support of circulation** when the blood pressure is low, using fluid therapy or drugs that increase the blood pressure.

**Kidney support** (dialysis or haemofiltration), which takes over the function of the kidney in patients with kidney failure.

**Nutritional support** either feeding through a nasogastric tube or directly into the vein.



## Looking after yourself

You can help the patient by taking care of yourself.

You shouldn't feel guilty for not being by their bedside 24 hours a day. You need to give yourself a break, and this will also give the patient time to rest. The patient will be very well cared for and the staff will contact you straightaway if they need to, or if there is any change in the patient's condition.

Your family and friends will be concerned about you and the patient, and they will want to know how things are. You may appreciate their concern, but it can be tiring if the phone is ringing all the time when you're at home between visits to the hospital. Passing on the information by email or text to several people at once can be easier. Maybe you could speak to one person regularly and they could pass the information on to others.

You may not feel like eating and you may have difficulty sleeping, but do take time to eat regularly and rest when you can. If you become tired and ill, you won't be able to care very well for the patient.

### **Patient partners**

If the patient is your partner, you may feel very alone.

You will have less time to do things like shopping and may need help with childcare, so accept offers of help from family and friends.

In times of stress and worry people often turn to their partner for support. If you don't feel you can tell other family members about your worries, which may include financial problems (as bills still need to be paid) you can get help from one of the organisations listed in 'Further information and support' on page 15 of this booklet.



## Visiting the Unit

Visitors must ring the bell and wait for someone to answer the intercom before entering the Unit. This is to maintain patient privacy and confidentiality. Delays may occur if the staff are busy, so please ring again if there is no answer at first.

There is usually only room at the bedside for two visitors at a time. The nurse responsible for your relative or friend will advise you about what is practical at the time you visit.

There may be times that you will be asked to leave the Unit while examinations or procedures are carried out. These sometimes take a considerable length of time. This does not mean that there is a problem. We will explain, where possible, what is happening. Please ask any questions you need to.

It is not always a good idea to bring babies and young children into the Unit. Children may visit, but please discuss this with the nurse so appropriate support can be ensured. Booklets are available for children of primary school age.

Our visiting hours are **9.00am - 1.00pm** and **3.00pm - 9.00pm**. There may be some exceptions; please discuss these with the nurse in charge.

Please **switch off** mobile phones **before** coming into the Unit as they interfere with the equipment being used.

### **Telephone numbers**

Unit A:	<b>01865 851 196</b>	or	<b>01865 851 197</b>
Unit B:	<b>01865 220 626</b>	or	<b>01865 220 625</b>
Unit C:	<b>01865 220 645</b>	or	<b>01865 220 624</b>

We understand that relatives and friends will want to telephone the Unit to find out how the patient is doing. To help us care for your relative or friend as well as we can, we ask that families designate one or two people to telephone the Unit and then pass the information on to others. This allows the nurses to spend as much time as possible at the patient's bedside.

All patients have a right to confidentiality, so the amount of information we can give over the telephone is restricted. Family members at the bedside will probably be asked to deal with enquiries from friends.

### **Accommodation**

The Unit has one overnight room available nearby which can be used by the next-of-kin. The room is provided for short-term use only and priority is given to relatives of very seriously ill patients or emergencies. The use of this room is reviewed on a daily basis.

We have a list of Bed and Breakfast accommodation available locally and this is displayed in the waiting room next to the Unit.

## **Parking and travelling**

There are 24 hour 'Pay on Foot' car parks at the hospital. One free permit can be issued per family while the patient is in AICU.

Visitors to long stay patients or relatives of patients in critical care may be entitled to discounted or free parking. Please see the posters on site or call the Car Parking Office on 01865 223 044 for more information.

For more detailed information see the booklet 'John Radcliffe Hospital - information for patients' or visit [www.ouh.nhs.uk](http://www.ouh.nhs.uk)

## **Patients' personal belongings and needs**

Towels, clothing, nightwear and valuables are not needed on AICU, but personal toiletries such as a soft toothbrush, comb or brush and shaving equipment are much appreciated.

No fresh flowers are allowed on the Unit due to infection risk, but cards and photographs are always welcome for display in the limited space available.





We understand that family and friends may wish to bring in some things to make the patient's environment as comfortable as possible, and we hope to accommodate these, provided they do not compromise the patient's care.

However, the Trust cannot accept liability for any loss or damage to personal property. Please do not keep valuables or cash in the hospital; ask someone to take them home, or ask to have them placed in the hospital safe. Please label personal items of clothing clearly with the patient's name.

### **Security**

All doors are locked at 10.00pm for security reasons. Relatives visiting after this time will need to leave by the entrance near the main reception on Level 2. There are security cameras throughout the hospital, and patrols of the hospital grounds and car parks are carried out day and night.

## Further information and support

- Oxford Social Services: [www.oxfordshire.gov.uk](http://www.oxfordshire.gov.uk)
- Citizens Advice Bureau: **0844 111 444**  
[www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)
- Samaritans: **01865 722 122**  
[www.samaritans.org.uk](http://www.samaritans.org.uk)
- ICUsteps – support for ICU patients and their relatives: [www.icusteps.com](http://www.icusteps.com)
- Intensive Care Society: [www.ics.ac.uk](http://www.ics.ac.uk)  
(‘Patients & relatives’ tab)
- Healthtalkonline: [www.healthtalkonline.org](http://www.healthtalkonline.org)

## Concerns

Please contact the Senior Nurse on the shift in the first instance. If that does not resolve the issue to your satisfaction please contact the Matron.

An appointment can be made through the Personal Assistant to the Matron. The contact number is **01865 220 620**.

If we are not able to help, you can contact our Patient Advice and Liaison Service (PALS), Monday to Friday 9.00am - 5.00pm. Telephone **01865 221 473** or email [PALS@ouh.nhs.uk](mailto:PALS@ouh.nhs.uk)

You can also email [feedback@ouh.nhs.uk](mailto:feedback@ouh.nhs.uk)

## Help with English

Do you need help with English? Are you hard of hearing? Please tell the nurse so we can help.



If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALS@ouh.nhs.uk**

This booklet is written by the nursing staff of AICU at the John Radcliffe Hospital. We would like to acknowledge some content from ICUsteps literature, a charity that supports ICU patients, and also information from the Intensive Care Society. Thank you.

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