



Oxford University Hospitals  
NHS Foundation Trust

Churchill Hospital  
**Churchill 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 the Churchill Hospital, 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.



# Contents

- About Intensive Care 4
- Our staff 5
- What to expect during the first few days 6
- Other things you can expect 7
- Looking after yourself 10
- Visiting the Unit 11
- Accommodation 12
- Parking and travelling 12
- Patients' personal belongings and needs 13
- Security 12
- Further information and support 14
- Concerns 14
- Help with English 15



## About Intensive Care

The Churchill Intensive Care Unit (CICU) 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.

CICU has eight beds; six on the main Unit, and two isolation side rooms.

Sometimes patients in CICU may need to move to the Adult Intensive Care Unit (AICU) at the John Radcliffe Hospital for specialist care that is not available on the Churchill site. Staff in AICU are part of the same medical and nursing team.

## Our staff

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

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.





## What to expect during the first few days

Your relative or friend may have been admitted to the Churchill Intensive Care Unit (CICU) 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 Intensive Care Unit (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, because of their underlying condition, 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, nose 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 (suctioning). 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.

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

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

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

**Nutritional support** either feeding through a nasogastric tube, into the stomach or gut, 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 14 of this booklet.



## Visiting the Unit

Our visiting hours are 9.00am - 1.00pm and 3.00pm - 9.00pm.

There may be some exceptions; please discuss with the nurse in charge.

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.

Please switch off mobile phones before coming into the Unit, as they may interfere with the equipment in use at the bedside.

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 when 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.

### **Telephone numbers**

- CICU: **01865 235 078 / 235 077**
- Switchboard: **0300 304 7777**

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 no formal overnight room for relatives to use. However, we do have access to overnight accommodation on the Churchill Hospital site, if it is required in unforeseen circumstances. The use of a room is reviewed on a daily basis.

### **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 CICU.

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.

There are regular buses to the Churchill Hospital; there are bus timetables at reception in the Churchill Hospital main entrance.

For more information see the booklet 'Information for patients - Churchill Hospital' 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 CICU, 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 with the patient's name.

### **Security**

There are security cameras in operation 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:	<a href="http://www.oxfordshire.gov.uk">www.oxfordshire.gov.uk</a>
Citizens Advice Bureau:	<b>0844 111 444</b> <a href="http://www.citizensadvice.org.uk">www.citizensadvice.org.uk</a>
Samaritans:	<b>01865 722 122</b> <a href="http://www.samaritans.org.uk">www.samaritans.org.uk</a>
ICU steps – support for ICU patients and their relatives:	<a href="http://www.icusteps.com">www.icusteps.com</a>
Intensive Care Society:	<a href="http://www.ics.ac.uk">www.ics.ac.uk</a> (‘Patients & relatives’ tab)
Healthtalkonline:	<a href="http://www.healthtalkonline.org">www.healthtalkonline.org</a>

## 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 - 4.00pm. Telephone **01865 221 473** or email **PALS@ouh.nhs.uk**

You can also email **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](mailto:PALS@ouh.nhs.uk)**

Based on 'John Radcliffe Hospital – Intensive Care Unit' with some content from ICUsteps literature, a charity that supports ICU patients, and also information from the Intensive Care Society.

Thank you.

Author: Maria Ashby, Senior Sister, CICU  
April 2017  
Review: April 2020  
Oxford University Hospitals NHS Foundation Trust  
Oxford OX3 9DU  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)

