

Intensive Care Unit and High Dependency Unit – information for relatives and visitors

Direct Line Telephone Number:

ICU 01271 322707

HDU 01271 325988

Other formats

If you need this information in another format such as audio tape or computer disk, Braille, large print, high contrast, British Sign Language or translated into another language, please telephone the PALS desk on 01271 314090.

Welcome to the Intensive Care Unit (ICU) and High Dependency Unit (HDU) at North Devon District Hospital.

We understand that this can be a very distressing and difficult time for you and have produced this booklet to help explain what is happening and how you can help with the care of your relative or friend.

The ICU and HDU areas are based on level 3 of the hospital. We have a main 6 bedded unit that can care for both ICU and HDU patients and a separate 2 bedded HDU area on Lundy Ward.

What is ICU/HDU?

Intensive Care (ICU) is an area where patients who need close monitoring and more intensive treatments are cared for. They may need medication to sedate them and help with their breathing from machines called ventilators and they will be nursed by one nurse at all times.

High Dependency (HDU) is an area where patients can be closely monitored and may have greater nursing needs than a ward environment can offer. These patients can be cared for by one nurse for two patients.

What happens when a patient arrives in ICU/HDU?

When first admitted to ICU/HDU the doctors and nurses will be very busy assessing, treating and stabilising the patient. This can sometimes take 1-2 hours, but we will try to keep you updated during this time and allow you to see them at the earliest opportunity.

As soon as possible a doctor or nurse will discuss your relatives or friends' illness, treatment and plan of care with you.

When you first visit the environment can be noisy and overwhelming. Your relative may be surrounded by many monitors and items of medical equipment. Alarms on our equipment and monitors alert staff to the slightest changes in the patient's condition. The nurse caring for the patient will explain all of these to you and will answer any questions you may have.

Staff

Our patients are cared for by a multi-disciplinary team which includes nurses, doctors, healthcare assistants, physiotherapists, a pharmacist and administrative staff.

The nursing shifts are: 7.30am – 8pm and 7:30pm – 8am

We have a ward round each morning at 8.30am lasting 30 minutes, and each afternoon between 1pm and 2pm. If possible, please avoid phoning the Unit during a ward round.

Visiting

We operate an open visiting policy although we recommend visiting from 11am onwards. This enables us time to have our ward round and for the patients to be examined and have a wash. There may be times you will be asked to leave the bedside temporarily whilst care and procedures are carried out and we will let you back in as soon as possible.

Visitors must ring the doorbell and wait for us to answer the intercom before entering the Unit. This is to maintain patient privacy and confidentiality. Please be patient with us; at busy times we may take a few moments to answer.

The number of visitors is restricted to two at a time. This is because the nurses need to have easy access around the bed area at all times.

On entering the Unit we request that you use the hand gel provided to clean your hands. This is to reduce the risk of bringing infection into the Unit.

We do not allow flowers or plants in our ICU.

Rest and sleep are very important to the patient's recovery and so it is important that they get adequate periods of rest during this period of critical illness. We have a quiet period each day between 2pm and 3pm. Please be mindful of this when planning your visit and avoid this time. We advise visiting should end at 9pm.

One main contact

It is helpful if a family can nominate one person as the main contact for communication with the ICU staff. That person can then phone in or speak to staff about the patient's condition/updates and share information with other relatives and friends. This will limit the amount of time we have to spend on the phone away from the patient and it also helps to protect the patient's confidentiality. We are unable to discuss any medical details over the phone.

What can I do to help?

Days may go by with no change in the patients' condition. There may be nothing for you to do but sit by their bedside.

Firstly, you can help the patient by looking after yourself. You should not feel guilty for not being by their bedside all the time. You need to give yourself a break and this will also give the patient time to rest. Your loved one will be very well cared for and the staff will contact you straight away if there is any change in their condition.

The nurses will ask you to bring in some toiletries, glasses, dentures and hearing aids if worn.

Some relatives find it helpful to be more involved in caring for their loved ones as they recover. You may wish to do things such as brush their hair, or moisturise their hands and feet. You will always be able to hold their hands if you wish to.

We always assume our patients can hear and so the staff will talk to the patient prior to any nursing interventions. Even heavily sedated patients might be aware of being touched. We use music therapy to help our patients relax and let them listen to music via headphones.

In our longer stay patients we encourage the use of patient diaries. These are a great way for the staff to get to know what the patient is like when fit and well, and is a place for you and our staff to write about what is happening on a daily basis. It can help you to look back through and see the progress they have made, but it can be very useful to the person who has been ill. They may have very confused memories of their time in ICU or no memories of it at all. A diary can help them to understand what has happened to them and to fill in the gaps.

Mobile phones must be kept on silent when visiting patients and we would please ask that you do not make/receive phone calls where possible when visiting the bedside.

Preventing infection

Patients who are critically ill may have difficulty fighting infections and, because of how ill they are, this can be very serious. The staff will do all they can to ensure the patient is protected. You can help too by washing your hands and using the anti-bacterial gels you will see around the unit before you visit and as you leave.

If you are feeling unwell yourself, if you have a cold or diarrhoea for example, it is best to avoid visiting until your symptoms resolve. Please call the unit before you visit if you are unsure.

Hospital facilities

We have a visitors room adjacent to the ICU. This is equipped with drink making facilities, a microwave and fridge. We ask that you make a donation to maintaining our supplies. We have a payphone just inside our entrance. There is a disabled access toilet opposite the visitors room. We can provide limited, temporary overnight accommodation in emergencies.

Car parking: It is possible to buy weekly car park passes. Please ask at the Help desk just inside the hospital entrance on Level 2.

Restaurant / shop:

The hospital has a shop on Level 2. The opening hours are:

Monday – Friday, 8am - 6 pm.

Saturday and Sunday (including Bank Holidays) 12 pm – 4 pm.

The Raleigh Galley Restaurant is on Level 0 and is open:

Monday – Friday, 8am – 2.30 pm

The Aspetto Café situated in the Main Foyer on Level 2 is open:

Monday – Friday, 8am – 7 pm

Saturday and Sunday (including Bank Holidays) 10 am – 7 pm

WiFi: You can log in to NHS Guest WiFi

Public transport: There is a bus service into Barnstaple and the bus stop is located just outside the main entrance.

Spiritual care: There is a small Chapel and Faith Centre located on Level 1 which is open and available for you to use 24 hours a day, seven days a week. The Centre comprises a small Christian Chapel with access to a courtyard garden, a quiet room and a small prayer room for use by any faith.

Patient Advice and Liaison Service (PALS): PALS provide a service to help patients and public find their way around the NHS and help them deal with any problems they might encounter.

How can you access the service?

- By telephone 01271 314090
- By email: ndht.PALS@nhs.net
- In person at PALS desk on Level 2 at the North Devon District Hospital.
- By approaching any member of staff at North Devon District Hospital, Community Hospitals, or at your GP surgery; they will be happy to put you in touch with the PALS Team.

Delirium

Sometimes unwell patients will behave 'out of character'. This may be due to their illness or medication, but occasionally it can be due to a condition called delirium which is a temporary state of confusion, disorientation and/or paranoia that can occur during a period of critical illness. Patients may think that staff are trying to harm them, they may have hallucinations or they may become aggressive. This can be very distressing for you, and also very frightening for the patient. Delirium is a serious event that should get better as the patient's condition improves.

When the patient comes out of ICU

You may have a reaction to the stress that you have been under once the patient is out of danger. If you feel guilty, worried or depressed, you can get help and information from some of the organisations listed at the back of this leaflet. Or you may wish to speak to your GP if you need more support, they may be able to arrange counselling for you.

Helping children who have a relative in ICU

You may need to consider whether a child should visit their parent or close relative in ICU. You should check with staff before bringing children to the unit and talk to the child about it. If the child decides they would like to visit in ICU prepare them for what they might see, including the machines, what they do and how the patient might look. What you can tell the child will depend on their age and why the patient or relative was taken to ICU. You can help a child deal with the situation by:

Trying to keep their routine as much as possible.

- Telling their school and any other relevant groups that they have a relative/parent in ICU.
- Explaining the situation and being honest if you don't know what is going to happen. If you are not sure, try to say something that they will understand to help them feel secure and reassured, for example 'Daddy is very ill, but the doctors are doing everything they can to help him...'
- Encourage them also to keep a diary. It could include a brief description of each day or pictures, it can help them understand what is happening and makes it easier for them to talk about it.
- Once the patient has left ICU it may take several months for the child to deal with what has happened. It can be helpful to mention the time in hospital occasionally so that they know they can talk about it. Let them ask questions and ask them how they felt at that time.

What happens when the patient goes to a ward?

When the patient is recovering and is almost ready to go to a general ward, the nurse will start to remove some of the equipment and monitors.

This can be a difficult time for some patients and relatives because there is no longer the one-to-one nursing there was in the early stages of your care. They may need help and support to do things like walking, eating and drinking, as patients can become very weak following critical illness. This can be a frustrating time in their recovery as they can tire very easily.

The nursing staff will hand over a detailed summary of what has happened to your relative during their time in ICU as well as their on-going needs so that they can be met by the ward nursing staff and therapy teams.

The visiting times may not be as flexible as they are in ICU, but please ask on the wards for their visiting information.

Some patients who have been in ICU for a few days will also be invited to a follow-up clinic approximately 2 to 3 months after they have left hospital. This allows the patient and family an opportunity to discuss any issues, concerns or feelings you may have had during their stay in ICU. If a diary has been kept this may also be a useful prompt for discussions at the clinic.

If the patient does not survive

Despite the best efforts of the ICU staff, sometimes patients are too ill and do not survive. A death in ICU is rarely a sudden or unexpected event and doctors and nurses will have time to discuss the patient's deterioration and consider any wishes that patient may have expressed regarding their end of life. Our focus will then be to deliver the very best end of life care we can.

Organ and tissue donation

Many people have made advanced decisions regarding organ donation and it is important for hospital staff caring for your relative/friend to identify those wishes and, if appropriate, explore how to facilitate them.

You will be given the option of discussing organ and/or tissue donation with a Specialist Nurse in organ donation who will be able to answer any questions that you may have.

Further information

Useful contacts:

ICUsteps

This organisation was founded by ex-patients, their relatives and Intensive Care staff to support patients and their families following critical illness.

Website: www.icusteps.org

NHS Choices Information about Intensive Care

For more information visit www.nhs.uk/conditions/intensive-care/pages/introduction

Intensive Care Society

Resources for patients and relatives including critically ill patient's stories.

For more information visit www.ics.ac.uk/ICS/patients-and-relatives

Healthtalk.org

Patient experiences of intensive care.

For more information visit www.healthtalk.org/peoples-experiences/intensive-care/intensive-care-patients-experiences/topics

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or e-mail ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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