Visitors information
Critical care

Introduction
This booklet has been produced to help familiarise you with critical care and to provide you with information about the various facilities at Colchester General Hospital. We are all too aware of what a distressing time this is and we are here to provide support for you, as well as your relative, partner or friend, in Critical Care. We would like to stress a very important point:

Look after yourself too!!

It is essential that you get sufficient rest, food and drink; otherwise you will be unable to give the necessary support to your relative/friend when it is most needed.

What is critical care?
Within critical care there are two levels of care, although sometimes the boundaries are a little blurred. Patients come into critical care from accident and emergency, from the general hospital wards and also sometimes following major surgery for the specialist care we can offer.

As a general rule, a patient requiring the highest level of care or intensive therapy will receive specialist monitoring and equipment to support one or more of their body’s organs and these are the most severely ill patients. The equipment can take over normal body functions, such as breathing or the work of the kidneys. There is a nurse allocated to care for each patient 24 hours a day.

A patient requiring high dependency care receives a level of care between intensive therapy and the general hospital wards. It is for patients who no longer require intensive therapy but need step-down care before going back to a general ward. It is also for patients admitted from the wards to prevent them requiring intensive therapy or for patients admitted from theatre following major surgery.

Although the specialist equipment is the same, most patients need less of it and the nursing ratio is one nurse to every two patients, 24 hours a day.

The staff
A large team of staff work within critical care, the majority of whom are nursing staff. There is a team of doctors who are specifically trained to look after critically ill patients and each day there is a consultant anaesthetist who leads the care, starting with a ward round each morning.
Other specialist doctors are consulted as required. You will also see many other healthcare professionals including physiotherapists, dieticians, pharmacists and radiographers.

**Communication**

It is difficult to overstate the importance of good communication between us all. We have information you need to know and similarly we can gain vital information from you about a patient.

When a relative/partner or friend is admitted to critical care it can come as a tremendous shock. It can be difficult to remember all the information given to you. It may be helpful to bring someone with you to support you through this difficult time.

With doctors and nurses: the nurse looking after the patient is the best initial point of contact as he/she will be able to give you virtually all the information you require. We encourage you to meet with the consultant responsible for the care of your relative/friend, both soon after admission and when there is a change in condition as appropriate. Please request a meeting through the nurse looking after your relative/friend, who will be with you throughout the meeting, to support you and clarify any points you are unsure of.

The best time is usually between 10.30am to 12.00noon, Monday to Friday, and the meeting will take place in a confidential interview room within Critical Care. Wherever possible all communication should be through the next-of-kin. To avoid confusion, we would ask that the relatives nominate a spokesperson who is the primary point of contact.

We operate a policy of openness and honesty so do not imagine we are holding anything from you. Similarly, it is important to realise that our prime responsibility (both legally and ethically) is to the patient and they are kept as fully informed as their condition will allow.

Feel free to ask any questions. Never think that a question is stupid or trivial. If anything is worrying you then let us know so that we can sort things out.

With the patient: it can be difficult talking to someone who appears to be asleep. They may not be able to respond but they may hear you and be re-assured by your voice. Conscious patients in critical care tire easily so let staff guide you on the amount of time to stay and the number of visitors.

Telephoning the unit: you may telephone any time day or night and will be able to speak to the nurse looking after your relative/friend. If you can also nominate a spokesperson within the family who can pass messages on when telephoning the unit, this would also be helpful so that the nurse isn't taken away from caring for her patient too often. Please bear in mind that we can only give limited information over the telephone.
**The equipment**

It can be very distressing to see your relative/friend surrounded by unfamiliar machines.

Alarms on these machines frequently sound but do not necessarily indicate a problem with the patient. The following are the more common pieces of equipment you may see:

Ventilator: intensive therapy patients require the support of a ventilator, which assists with their breathing. A tube inserted via the mouth into the patient's windpipe (trachea) is connected to the machine. Patients generally are sedated to help them tolerate the tube and to keep them relaxed.

Normally the sedation is turned off for a short period each day in order to assess the patient. This enables the doctors to decide whether it is possible to reduce the amount of sedative medication, whilst still keeping the patient comfortable. Experience shows that keeping sedation levels to a minimum enhances recovery.

If the patient requires ventilation for several days, the doctors may consider performing a tracheostomy, which is a procedure to make a small hole in the neck for the breathing tube to pass through. Patients with tracheostomies are usually more awake and able to interact with those around them.

Non-invasive ventilator: we can sometimes use a special mask to assist the patient's breathing but this can be used only when the patient is able to co-operate and is not too tired through the effort of breathing.

Monitor: this shows different coloured displays that constantly monitor heart rate, heart rhythm, blood pressure, respiratory rate and the amount of oxygen in the blood.

Pumps: around the bed are different types of pumps that administer drugs, fluid and nutrition at specific rates.

Intravenous lines: most patients have a line (thin tube) inserted into their neck or upper chest that goes into a large vein. This helps us monitor heart function and administer drugs and fluids.

Arterial line: this is a line inserted in an artery at the wrist, elbow, groin or foot to assist with monitoring continuous blood pressure and to allow blood samples to be taken.

Naso/orogastric tube: this thin tube passes through the patient's nose or mouth into the stomach and is used to drain stomach contents or for the administration of nutrition and oral drugs.
Haemofiltration machine: this supports failing kidneys and takes over their role of purifying the blood. The patient's blood is circulated through the machine and returns via a line in the neck or groin.

Oesophageal doppler: this monitors more specialised heart functions. A probe is inserted via the patient's mouth to a level above the stomach. This can be placed side by side with a naso/orogastric tube.

Catheter: urine drains from the bladder via a catheter into a bag beside the bed.

Drains: it is sometimes necessary to remove fluid from other areas such as the chest or abdomen.

**Patient property**
The hospital will not be held responsible for the loss of any property and it is advisable not to bring large amounts of money or personal items for storage on any of the hospital wards.

On Critical Care we have little extra storage space and therefore you will be asked to take home any property other than washing equipment and personal equipment such as dentures, glasses and hearing aids.

**Visiting**
It is best for everyone, including the patient, if there are only two relatives by the bedside at a time, although there may be times when this may be flexible depending on a number of situations. Effective and sufficient rest periods are essential for the health of all of our patients and also for you, our visitors.

We have established some set rest periods in the afternoon and evening in order to help our patients sleep and recuperate as much as possible.

There may be occasions when it will be appropriate and/or necessary for you to visit during these times and we will discuss this with you, if and when this need may arise. If you would like clarification with these arrangements, then please feel free to talk to the nurse at the bedside or nurse in charge of the Critical Care Department.

Rest period: 12 midday - 3pm  
Evening visiting ends 8pm

When visiting, please ring the bell beside the door and a member of staff will direct you to the visitor's room. You may be asked to wait there for a time if certain procedures are being carried out. There are hot/cold drinks available free of charge but should you wish to make a donation, please feel free to do so.
Children are welcome to visit, and the nursing staff are always happy to try and help you prepare them for what they are going to see. Visiting a critically ill relative/friend can be a stressful experience for anybody but children, as long as they are accompanied and supported by an adult, often handle the situation very well and often, would rather be part of a family crisis than excluded from it. We should advise you that there is a risk of infection to small babies.

In an attempt to control spread of infection we require you to use alcohol hand rub provided both before and after visiting. Unfortunately, flowers are not permitted, due to limited space, risk of spillage and for infection control reasons.

**Single sex accommodation**
Although the hospital operates a single sex accommodation policy, the Department of Health makes an exception for Critical care because of the size, layout of unit and nature of illness. However, we are sensitive to the issue and please let us know if you have any concerns.

**Staying overnight**
Although we understand there may be times when you feel you want to stay on Critical Care all night (and we would never prevent this), we do strongly advise that you go home and rest properly so that you are able to cope with the next day, and give your relative/friend the support they need.
If you do not live locally and are unable to go home, then unfortunately you will need to book into a local bed and breakfast, Travelodge or hotel as, unfortunately the hospital cannot provide any overnight accommodation.

**Mobile phones**
We request that you switch off all mobile phones when entering critical care, as there have been rare cases of them interfering with some of the equipment.
Under new hospital regulations you may now use mobile phones in any of the corridors outside the ward areas. There is a public phone in the front entrance to the hospital but we understand you may want some privacy so please ask the nurses if you need to make an important phone call from the critical care area.

**Car parking**
Please park in the designated visitors car parks that operate as a pay-and-display system. There are concessionary rates if you are visiting for a prolonged period of time. Please ask nursing staff for the necessary form, which you can take to the General Office, where they will issue you with a parking permit for 5 days or 7 days.
General office is situated directly on your right as you come through the main hospital entrance. If this office is closed, then the front desk, also at the main entrance, should be able to help you.

**Smoking**
Smoking is now not permitted anywhere in the hospital. There are five smoking points around the outside of the hospital, one near each of the main entrances to the hospital; opposite the main entrance, opposite Elmstead Day Unit, to the right of
the Gainsborough wing entrance, to the left of the Constable wing entrance and there is a smoking shelter outside Accident and Emergency.

**Cash point**
A cash point is available at the Colchester General Hospital for use by patients, visitors and staff. It is located on the ground floor of the hospital 10 metres in from the main entrance along the corridor.

**Refreshments**
The Colne Restaurant is located on the same floor as critical care services. Hot meals can be obtained at the following times:
- **Breakfast** 8am to 11.30pm
- **Lunch** 12noon to 2.30pm
- **Supper** 5pm to 8pm
It is open for snacks/drinks from 8am to 8pm.

Refreshments are also available at the hospital shop at the main entrance which is open as follows:
- **Mon- Fri** 8am to 8pm
- **Sat** 8.30noon to 5pm
- **Sun** 12noon to 5pm.
There are a number of vending machines around the hospital.

**Religion**
There is a hospital chaplaincy team who can be called upon any time of the day or night and we can arrange a visit from a member of most faiths. You are more than welcome to seek a visit from your own religious representative. There is a chapel on the same floor as Critical Care.

**Length of stay**
This will vary for each individual from a few hours to several weeks. Many patients make a full recovery and return to normal life. Others may need further treatment in the future but recovery is not always possible and some patients will die while in our care.

**Transfer of patients**
Occasionally, it is necessary to transfer a patient to another hospital in order to provide specialist services that are not available in Colchester. It may be necessary to transfer them a considerable distance although we try to get the patient accepted at a unit as close to Colchester as possible.
A doctor and nurse always accompany the patient on such a transfer.

Intensive care beds suffer from a national shortage and demand for them often exceeds our hospital's capacity. Under these circumstances we may have to transfer a patient from our own unit to another hospital in order to admit an emergency. The consultant in charge of the unit decides who is the most appropriate patient to transfer.
This decision is not taken lightly. It is given a lot of thought and is guided by an Essex-wide policy which has been formulated by heads of intensive care (in accordance with national standards), and strictly controls decisions made regarding the transfer of patients. The nominated next-of-kin will be informed of any decisions to transfer and unfortunately this decision is not negotiable.

**Discharge**

To the ward: the return to a general ward can be a stressful time but it is also an important step in the rehabilitation process. Patients find it hard losing the one to one or one to two care they receive in Critical Care and need encouragement to regain their independence. It should be seen as a necessary step toward getting better. All patients should receive an 'After Critical Care' leaflet giving information and advice which may help in their recovery.

On some occasions patients may need re-admission to Critical care. A member of the Outreach team (who are specialist critical care nurses), will follow-up all ward transfers until they feel the patient is sufficiently stable, to be discharged from their care. If they have any concerns about the patient’s condition, they can alert the Critical Care team, who can then reassess the patient.

The follow-up nurse will then continue to visit those patients who were ventilated for five days or more. This is for general support and to answer any questions, as patients who have been sedated for a period of time do not remember much of their stay in Critical Care. Sometimes it can be helpful to fill in the missing days by keeping a diary of their stay in Critical Care with contributions from nurses, family and friends.

You can initiate this yourself, or the nursing staff will be happy to help you and we can take photos for you.

From hospital: we know that some patients may suffer from a number of temporary physical and/or psychological problems which continue after discharge home. Therefore, the follow-up nurse continues to support the longer stay patients, by inviting them to attend a follow-up clinic, at two, six and twelve post discharge home. Of course, attendance from recovering patients is entirely voluntary but sometimes it can provide reassurance, help with unanswered questions or help to resolve any persistent problems. This service is available to short stay patients too on contacting the Follow-up nurse. If you wish to speak to the Follow-up nurse about anything related to Critical Care please phone 01206 742687, which has an answer-machine facility. Please do not use this number for any urgent problems as it may take a number of days before you get a response.

**What happens when recovery is not possible?**

It is important not to be unduly alarmed by this section as the decisions discussed below are not made suddenly. We continue to care for patients whatever their prognosis.

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Should a patient's condition deteriorate to a point that recovery is impossible we change the focus of care from active treatment to providing comfort and dignity during the dying process.

We consider stopping treatment when all doctors, nurses and other healthcare professionals agree that further interventions will not help the patient to recover. It is not ethical to subject patients to treatment that will not benefit them. At this point we will approach the family to discuss withdrawal of active management. Relatives often feel guilty about being involved in making the decision to withdraw treatment. However, it must be remembered that it is not their decision to make. That can be done only by the patient themselves or, if incapable, by the consultant caring for him/her.

It is the patient's or the consultant's decision but we obviously want families to be fully informed and as comfortable as possible with the decision.

In this situation it may be possible for the patient to donate organs or tissue after they have died, if this would be in accordance with their wishes. The doctor may ask you about this, and if you want to explore this possibility there is a specialist nurse who can discuss the process with you and support you in your decision.

Withdrawing active treatment does not necessarily mean "switching off the ventilator". Rather, it is stopping all unnatural means of prolonging a patient's life through the use of drugs. We ensure in these circumstances that the patient is kept completely comfortable and unaware. Any of the consultants or senior nurses would be more than happy to discuss concerns you may have about the above.

Donations
Charitable donations allow us to purchase extra equipment for the benefit of all patients within critical care. Should you wish to help us, please make cheques payable to "ITU Trust Fund" and send them to the senior sister in Critical Care. Such donations are always much appreciated.

Concerns or complaints
If you have any concerns or worries about your care, please contact the department responsible. However, if you are unable to resolve your concerns or wish to make a formal complaint, please contact the Integrated PALS (Patient Advice and Liaison Service), Complaints and Litigation Service on 01206 745926 or ask any member of staff for a leaflet, which will describe how you may make a complaint.

Your views
If you or a family member has recently been in either Colchester General Hospital or Essex County Hospital for any reason, you can tell us about your experience by visiting the www.nhs.uk website and clicking on the "Comments" section, or you can write to the address on the front of this leaflet or alternatively, email your comments to info@colchesterhospital.nhs.uk