John Farman Intensive Care Unit (ICU)

Information booklet for relatives

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**Introduction**
This leaflet aims to give you simple and practical information related to your relative/friend’s admission to ICU (intensive care unit).

We appreciate that this is a very stressful time and hope that this leaflet will answer some of the questions you may have.

The John Farman ICU (JVF ICU) has 20 beds. It has particular expertise in the care of patients who have diseases of the liver, kidney, blood or following major surgery.

**Admission to ICU**
Your relative has been admitted to ICU because they require constant monitoring and treatment. Your relative’s condition may change quickly and be life threatening, and because of this the information you receive may vary from day to day.

All patients on arrival at ICU will have a thorough assessment by the doctors and nurses. During this time, you will be asked to wait in the relatives’ room.

A nurse will be with you as soon as your relative’s condition has been stabilised.

Your relative may be surrounded by a lot of equipment and monitoring, which can appear quite daunting at first. This amount of equipment and monitoring is quite normal in an intensive care unit and your nurse will gladly explain their use if you would like to know.

The bedside nurse can answer any initial questions you have. If you wish to speak to a doctor at any time about your relative’s progress, please inform the nurse caring for your relative or the nurse in charge and we will endeavour to arrange this for you.

Where possible we will discuss in advance any proposed treatment for your relative. However, in some urgent situations this will not be possible.

**Who’s who**

**Consultant intensivists** – The ICU team is led by a consultant intensivist who is supported by junior doctors who are training to work in intensive care.

**Admitting consultant** – The admitting consultant is the specialist consultant, for example surgeon, neurologist, etc. They will work in conjunction with the ICU team to make decisions about your relative’s care/treatment.

**Nurses** – There will always be a nurse providing continuous care for your relative. Care is often provided on a one nurse to one patient or one nurse to two patient basis subject to how critically ill and unwell your relative is. Healthcare assistants are a vital part of the nursing team on ICU; they work alongside qualified nurses on ICU to provide care for your relative. Allocation of nurses is reviewed on a shift by shift basis to ensure that all patients are cared for in a safe, kind, and excellent manner.

**Clinical nurse specialists** – are available to support family and friends. Recovery can often be a long and slow process and continues after the patient has left ICU. The specialist nurses help plan recovery and will assess your relative’s progress on the ward.
Physiotherapist – All patients will be assessed by a physiotherapist daily and treated as necessary with chest and limb physiotherapy.

Pharmacist – The pharmacist monitors the effect of medicines on patients and ensures the unit has a sufficient supply of medicines.

Dietitian – Most patients in ICU are unable to eat or drink and require nutritional support. The dietitian assesses each patient’s dietary requirements, and prescribes the appropriate nutritional care.

Speech and language therapist – Some patients experience difficulty with speech and swallowing during their recovery, the speech and language therapist is able to assess and provide support to overcome any issues.

Ward assistants – The team of ward assistants is responsible for cleaning the ward.

Rehabilitation team – As your relative progresses they may be reviewed by different members of the rehabilitation team, this may include a specialist rehabilitation consultant, physiotherapist and occupational therapist.

Visiting

We only allow two visitors at the bedside at any one time; this is for reasons of safety and an attempt to keep noise levels down (exceptions to this may be made following discussion with the nurse in charge).

You may want to limit the number of visitors to your relative, to allow for frequent rest periods.

In our experience, too many visitors over too long a period can be very tiring for the patient, so please bear this in mind when thinking about visiting.

Contact number

Reception – 01223 217494

Apart from during the doctors’ ward round you are free to visit at any time but please be aware the mornings tend to be our busiest time and ideally visiting should end at 20:00. 22:00 at the very latest.

Telephone enquiries

We welcome telephone enquiries, but would ask that you nominate one family member to make these calls and then feed back to the rest of the family and friends. This gives the nurse more time to care for your relative. It is also helpful if you can avoid calling between 07:30 - 08:30, and 19:30 - 20:30 as these are the shift change periods when nurses have handover and do their patient assessment.

Please note: It is hospital policy not to give out specific patient information over the phone. Therefore the information you will be given will be minimal.
Privacy and dignity

Addenbrooke’s Hospital is committed to treating all patients with privacy and dignity in a safe, clean and comfortable environment.

While your relative requires intensive therapy and high dependency care with the use of specialised equipment they may not be cared for in a same-sex bay. However, staff will always do their best to respect your relative’s privacy and dignity. This may be with the use of curtains or, where possible, nursing them next to a patient of the same sex.

If you have any concerns about your relative’s privacy or dignity, please speak to the nurse in charge or senior clinical nurse of ICU.

Once your relative is well enough to be transferred to the ward, they will be cared for in same-sex bays in wards with separate sanitary facilities for men and women.

Infection control

- Before entering ICU you will be asked to leave your coat and belongings in the relatives’ room (please leave any valuables in the lockers provided).
- To protect both you and your relative from the risk of infection, we ask all visitors to wash their hands and also use the alcohol hand rub, on entering and leaving the unit.
- In some instances, you may also be asked to wear an apron and gloves when visiting.
- There may be other instances where you are requested to wear a face mask too.
- You may also be asked to vacate the relative’s room twice a day to allow for cleaning.

Your involvement in care

Your relative may be heavily sedated. However, you should always assume that they can hear your voice. Feel free to hold their hand and give them a kiss.

It may be possible for you to assist in certain aspects of your relative’s care, such as washing hands and face, brushing hair etc. Please discuss this with the nurse looking after your relative.

We provide soap, wipes and towels, but it would be helpful if you could bring in a razor, shaving foam, toothbrush, toothpaste, lip balm and deodorant etc.

If you would like to talk to one of the doctors or senior nurses looking after your relative then please speak to the nurse at the bedside and this can be arranged.

Ward routine (these are approximate times only)

07:30 to 08:30 – Nursing handover.
08:00 to 09:00 – The doctors caring for your relative meet to discuss their condition and treatment plan.
08:30 to 09:30 – Your relative may have a chest x-ray and will be seen by the physiotherapist during this time.

09:00 to 13:00 – Morning ward round begins. The doctors caring for your relative will perform an assessment and order any tests and investigations that may be required. The physiotherapist may treat your relative and review them for further physiotherapy needs for the day.

15:00 to 17:00 – Afternoon ward round begins. Physiotherapist may visit your relative again.

19:10 to 19:30 – Nursing handover, you will be asked to leave the bedside during this time.

Any time during the day or night your relative could be taken for a scan or other diagnostic procedure.

If your relative is able to eat or drink:
- Breakfast is served from 08:00 onwards
- Lunch is served from 12:00 onwards
- Supper is served from 17:00 onwards

If you wish to bring in food or drink for your relative, please feel free to bring in fruit, squash, biscuits and other dry snacks. Unfortunately, we do not have the facilities to refrigerate large quantities of food.

Facilities and refreshments

Tea and coffee is available in the relatives’ room; there is also a fridge available for you to use. There is a water fountain on ICU.

In the main concourse of the hospital (one floor down from ICU), you will find various food outlets, newsagents and a clothes shop. (Please note: fresh flowers are not allowed on ICU due to infection risk).

There are also two ATM machines and public telephones in the concourse shopping area. The outpatient area (one floor down ICU) also sells light refreshments and newspapers. There are toilets available for visitors to use near the ICU exit and outside the waiting room close to the lifts. Downstairs you will find toilets available in main reception, concourse, restaurant area and towards the outpatients department.

Accommodation

It may be possible for the hospital to provide emergency accommodation for a limited number of relatives when their family member is first admitted to ICU. Rooms are allocated on a daily basis and you will be asked by the nurse in charge if you require a room.

Unfortunately due to the limited number of rooms available, we are unable to guarantee accommodation. In order to attempt to be able to accommodate any family when their
relative is first admitted, accommodation will only be offered (if available) for two nights following admission.

If there is a room available for your use you will be informed by the nurse in charge. Keys must be returned to main reception by 11.00 the following morning.

Please note: You are not guaranteed a room or you may have to share your room with another relative. You cannot leave your belongings in the room.

Due to health and safety reasons, we cannot allow you to sleep in the relative’s room overnight.

**Car parking**

Car parking can be very expensive at Addenbrooke’s and often spaces are limited. Where possible, please use the park and ride scheme or public transport. We are able to offer one weekly concessionary ticket per patient, usually to the next of kin; these can be obtained by asking the nurse in charge. If your relative is likely to be in hospital for some time, other family members may be able to purchase additional concessionary parking tickets, details of which are displayed in the relative’s room and can also be obtained from the main reception.

**Patient valuables**

When your relative is admitted, the nurses will write an inventory of your relative’s property. Any valuables or money will be deposited for safekeeping. You may be asked to take home other items such as clothing etc.

Please do not bring in any valuables or large sums of money as the Trust cannot be held responsible for it.

**Sick notes/insurance forms**

You may need a certificate for your relative’s employer or an insurance form to be filled out. Please speak to the nurse looking after your relative or the nurse in charge.

**Spiritual support**

Chaplains from various denominations are always available and can be contacted by the nursing team. Your own clergy or religious leaders are also welcome. There is a Chapel in the main concourse that is accessible 24 hours a day.

**Interpreters**

If you require help with translation, please speak to the nurse looking after your relative.

**Discharge**

Your relative will be transferred to an appropriate ward when they are well enough, usually when they are no longer reliant upon the ventilator to support their breathing. Prior to transfer to a ward it is possible that your relative may be moved to our high dependency unit (HDU) on ward D4; this area is for patients who no longer require support from a ventilator but are not yet quite well enough to go to a ward. The HDU is
staffed by nurses who work on ICU.

Discharge from ICU or HDU to the ward is an important step forward in your relative’s recovery. You may feel anxious about your relative moving to an area where there will be less medical and nursing intervention.

You may find it helpful to speak to the nurse about any fears.

Your relative will only be transferred following a thorough review by the medical team; under no circumstances will your relative be transferred unless they are well enough.

Wards

The ward that your relative is transferred to will be dependent upon their medical needs.

These wards have different visiting hours and you must only visit during these times. This will allow your relative to receive the rehabilitation and rest periods that they require. If you have difficulty visiting within these times, please speak to the nurse in charge of the ward.

Outreach service

When your relative is discharged from ICU, they will be referred to the Critical Care Outreach Service. This means that a team of doctors and nurses who have a lot of intensive care experience will follow up your relative on the ward in order to check that they are coping well without the higher level of intensive care. This follow up will usually start the day after your relative has been discharged, and continue for as long as required.

Follow up clinic

Following your relative’s stay on ICU they may be invited to attend our follow up clinic. The aim of this clinic is to talk to you and your relative about their recovery, and to discuss any ongoing concerns you may have. The clinic is run by an ICU consultant and nurse. Depending on the reason for your relatives’ admission, this appointment will be either at 12 or 24 weeks following their discharge from ICU. This appointment is in addition to any other appointments they may receive following their hospital discharge.

Critical care nurse specialist contact: 01223 216296

critcarenursespec@addenbrookes.nhs.uk

Comments

Although the circumstances surrounding your relative’s admission to ICU are often traumatic and extremely stressful, we aim to provide both you and your relative with an excellent service within a safe, caring, environment.

If however you feel you need to make a comment about any aspect of your relative’s admission with us, then please speak to the nurse in charge in the first instance. Any problems can usually be resolved very quickly.
PALS (Patient Advice and Liaison Service) and complaints

The PALS and complaints service is located close to the main reception. They are available to provide information, advice and support to patients, families and carers. http://www.cuh.org.uk/have-your-say/patient-advice-and-liaison-service-pals

Useful telephone numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital switchboard</td>
<td>01223 245151</td>
</tr>
<tr>
<td>IDA</td>
<td>01223 217873</td>
</tr>
<tr>
<td>Headway</td>
<td>01223 576550</td>
</tr>
<tr>
<td>Cruse Bereavement</td>
<td>0844 4779400</td>
</tr>
<tr>
<td>Cruse Young Peoples helpline</td>
<td>0808 8081677</td>
</tr>
<tr>
<td>Spinal Injuries Association helpline</td>
<td>0800 9800501</td>
</tr>
</tbody>
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We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

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Contact number: 01223 217494
Publish/Review date: December 2017/December 2020
File name: PIN2191_john_farman_intensive_care_unit_ICU_information_for_visitors_v4.doc
Version number/Ref: 4 / PIN2191 / Document ID 9394