Critical Care Services

Important information for relatives of those admitted to the Intensive Care Unit

Critical Care

Admission to an intensive care unit (ICU) is needed for some patients due to serious health problems or to provide enhanced care after a planned procedure e.g. a major operation.

To help us better look after your loved one and provide them with an environment better suited to them, that they may find less distressing, we would like you to complete the information sheet "THIS IS ME…", on the last page of this information leaflet, with as much detail as you can about their preferences and desires, and return it to us:

- In person by returning, it to the Critical Care
- By email to *swbicu.comm@nhs.net*

Visiting

Our usual visiting times are:

- 11.00am -3.00pm
- 4.30pm - 7.30pm

  Visiting outside of these times is allowed in special circumstances.

Rules on visiting can change and sometimes there are restrictions within hospitals that we are expected to adhere to. We will keep you informed of these as they occur. For information about children visiting the ICU, please ask to speak with the nurse in charge.

Information at this difficult time: the care we provide for your relative

Your loved one has been admitted to the Intensive Care Unit (ICU) at Sandwell and West Birmingham Hospitals NHS Trust: we want to support you so you can remain in contact with your loved one.

We understand that this will be a very worrying time for you. We will try our very best to talk to you as soon as possible after the admission of your relative to the critical care unit and regularly during your loved one's stay.

We will do all we can to provide your relative with the very best and most appropriate care to help them recover from their critical illness, whatever the cause, as well as keeping you updated throughout their stay. Though many patients survive a critical illness, it is important to understand that in some circumstances our care and treatments might not be enough for your relative to recover.

Critical Care Services

Important information for relatives of those admitted to the Intensive Care Unit

Critical Care

If it becomes clear that our treatments are not effective anymore, we will change our care to symptom control, reducing suffering and pain, preserving their dignity, and ensuring comfort if they die. We will make every effort to keep you informed of any such decisions so you can be involved in your loved one's care.

Communicating with you

We require certain information so we can stay in contact with you:

The name of a nominated contact with whom all contact will be made (e.g., a nominated next of kin). We will direct all communication through that person, so please think carefully before supplying the details of the main contact.

We will typically refer other members of your family and friends' group to the nominated contact for them to pass on information that has been explained to them.

The named contact is welcome to telephone the Intensive Care Unit to receive an update from the nurse who is caring for your relative.

The medical team will speak to the nominated person on a regular basis. How frequently we talk will partly depend on how unwell your loved one is, but we aim to have contact everyone at least every other day. Your loved one is being reviewed several times a day by ICU nursing and senior medical staff.

If there is a serious concern about your loved one's condition because they have worsened significantly, you will be informed as a matter of urgency (day or night) unless you have asked us not to do this.

Contact Numbers:

Sandwell	Intensive Care Unit	0121 507 3214
City	Intensive Care Unit	0121 507 5098

Communicating with us

Our priority is always to provide high quality safe care to your loved one and we appreciate the invaluable part family and carers play in this. Visitors are positively received on the unit with family welcomed as our partners in the care we provide, supporting your loved one's wellbeing and aiding their recovery. Unfortunately, there are a small number of instances where our staff have not been treated with the respect they deserve.

Critical Care Services

Important information for relatives of those admitted to the Intensive Care Unit

Critical Care

We would like to politely remind all visitors of the importance of treating our staff with kindness and respect as we work together for the same outcome, the safety and good health of your loved one.

We appreciate having a loved one on the unit is a highly stressful and anxious time for relatives and carers and sometimes this may cause them to act out of character, for example raising their voice or losing their temper with staff. However, such behaviour is regarded as unacceptable, particularly when this persists or becomes abusive, violent, threatening or harassing towards staff. Further examples have included using aggressive tone or language towards staff or other patients and persistent refusal to comply with our procedures and protocols.

In the very small number of situations where we experience this and behaviour continues despite our best efforts to reduce it, we will refer to Trust policy and procedure to manage this. On these rare occasions, we will explain the nature of actions we will take and the process this will follow with relatives and visitors in more detail, always considering your loved one's needs at this time.

We seek to build trusting and positive relationships with our patients and their families. We therefore politely ask that if you wish to record any meetings or face-to-face/telephone conversations with staff on your phone or other device, that you seek the agreement of the member of staff beforehand. Recording other patients or visitors is specifically prohibited.

Communicating with your loved one (video visiting)

In the event you are unable to attend the hospital to see your loved one please let us know and we will facilitate a video call for you and your loved one via WhatsApp.

To make sure we can do this at a time that fits in with important treatment and care we will arrange a time for the video visit each day with you (it may not be the same time every day).

Transfers to other hospitals

Some patients are transferred from our intensive care unit to a different hospital. Many of these transfers are to go to where the treatment needed is able to be given: these are known as 'clinical transfers'. As some treatments are more specialised and less common, they are not done by teams working at every hospital: outcomes are better when less common work is concentrated in specialist hospitals.

A small number of transfers are necessary because of a lack of bed space, or not enough nursing or medical staff to allow ongoing safe care: these are known as 'capacity transfers'.

Critical Care Services

Important information for relatives of those admitted to the Intensive Care Unit

Critical Care

If this situation does happen then we need to take important steps to improve ongoing safety for all patients. This will involve moving some patients to another hospital, where there is enough room and staff, for them to continue their same intensive care treatment. We try very hard to avoid transfers to other intensive care units for these reasons but there are times when it needs to happen.

Deciding which patients to move to another hospital can be difficult and a decision to transfer is not taken lightly. Transfers have the potential to expose a patient and staff to additional risk, require trained personnel, specialised equipment and vehicles, and can result in extra worry for relatives and patients.

We use a specialist mobile ICU staffed by experienced doctors and nurses to transfer our patients. It can provide the same monitoring and support that our patients normally receive in an intensive care unit.

Important information for you

Parking Charges - Please speak to the admin staff or nurse caring for your patient. In some circumstances we can offer free parking for a limited time for one individual .If your loved one is expected to remain in ITU for a prolonged period of time then visitors can acquire parking passes from Q Park at a special weekly / 3 monthly rate.

PALS - The patient advice and liaison service is available should you wish to raise any concerns/ complaints / compliments related to your loved ones stay in ITU.
Email: *swb-tr.pals@nhs.net*
Tel: 0121 507 5836 available 10am – 4pm, Monday - Friday

Food and Drink - Food and drink is available for visitors on site. The ICU admin staff can provide you with information for the catering retail outlets, or you can visit our website by using the link below.
www.swbh.nhs.uk/patients-visitors/while-you-are-here/catering/

Your welfare

Having a loved one in intensive care can be a very frightening and stressful time for families. We are here to help support you through this. You can also access helpful information on ICU Steps Website

www.icusteps.com

Critical Care Services

Important information for relatives of those admitted to the Intensive Care Unit

Critical Care

It is important to ensure you have as much support as possible for yourself, and that you take time to practise self-care. The 'Mind for Better Mental Health' website has general advice as well as information specific to coronavirus and is accessible at:

http://www.mind.org.uk

In the event of the death of your loved one, we will provide you with contact numbers for our CARES office for further guidance on death certificates and the registration process

Explanation of some of the terms we use:

Term	Our meaning
Admission	We use this to describe when someone needs to be looked after on the Intensive Care Unit and they physically move there (either from the Emergency Department or another hospital ward). After admission they will be seen by a group of health care workers including intensive care doctors and intensive care nurses, this is the time when a plan for their treatment is made or altered.
CPAP	This is where we will use either a tight fitting mask or a hood to help us to deliver both oxygen and a higher level of support to assist your loved one with their breathing. It can be used when **intubation** is not yet required, though they may go on to need **intubation**, or it can be used following **extubation**.
Deterioration	This means that the clinical illness is getting worse and may not be responding to the treatments we are using. Sometimes it can be temporary and there could be a recovery but other times it may continue and they may die.
Discharging	The level of clinical illness has improved so much that the treatments only available in the intensive care unit are no longer required; we can now return your loved one to the ward to continue their care. This may be the ward they originally came from, or it may be another ward which is suited to their needs after their time on intensive care. A patient is only discharged when they no longer need intensive care treatment; this includes patients who have improved but also some patients that no longer need treatment because they are **dying**.
Dying	We use this term when we know that your loved one is not responding to appropriate treatment and that they are going to die, often in the next few hours or occasionally days. Our priority of care at this time is to remain with your loved one ensuring that their dignity & comfort is maintained.

Critical Care Services

Important information for relatives of those admitted to the Intensive Care Unit

Critical Care

ECMO	Extra Corporeal Membrane Oxygenation. When **ventilation** with usual breathing machines is not effective, in some patients ECMO may be considered. This is a way of giving oxygen directly into the blood using a bypass machine. This treatment is only available at a limited number of centres across the country & strict admission assessment criteria are followed by the specialist centres. SWB is not an ECMO centre and so for the small number of patients who get ECMO treatment, this involves being moved to another hospital.
Extubation	To remove the breathing tube that is in place in the windpipe. This is done to allow your loved one to breathe independently when their condition has improved. Though this often works it is very hard to predict with any certainty when it will and when it won't. Occasionally we need to replace the tube or use **CPAP** if required to support their breathing.
Inotropes	Drugs that are given when your loved one's blood pressure is low (often due to effects of infection). We will use these where indicated, but they are not always effective.
Intubation	This is using a tube inserted through the mouth and into the windpipe to allow **ventilation**. You may also hear it being referred to as an ET tube. We put patients into an induced coma when we do this.
Investigations	Tests we run to try and help us find out the cause of the illness/disease and look after your loved one. This can include blood tests, sputum (spit) tests, urine (wee) tests, scans, x-rays, heart tracing or scanning, and many more.
Improvement	The clinical illness has responded in a positive way to the treatments we are giving, for example the patient's oxygen levels improved when we gave them oxygen. It is not always permanent and your loved one could **deteriorate** at any time.
Kidney Machine / Kidney Dialysis	This is a machine that we may use to help take over the function of the kidneys when they are failing.
Monitoring	The way in which we can see a constant record of your loved ones, blood pressure, heart rate and oxygen levels.
Multi Organ Failure	This is when the heart, lungs & kidneys are no longer able to function due to the progression of severe illness.
Naso Gastric Tube	A tube that is inserted into the nose and passed down into the stomach to enable us to provide nutrition in the form of liquid feed.
Prognosis	This describes the 'likely course that a disease/illness will take' ..... i.e. a good prognosis means that we think a patient will likely recover well; a bad prognosis means that we think the patient will either die or recover poorly.

Critical Care Services

Important information for relatives of those admitted to the Intensive Care Unit

Critical Care

Proning/Prone	This is when we turn your loved one onto their stomach. It is used to help deliver oxygen to all parts of the lungs.
Sedation	Many of the treatments we provide on intensive care are quite unpleasant so to help our patients tolerate them we use drugs to sedate (make very sleepy) and provide pain relief. These can sometimes take several days to wear off when they are stopped.
Stable	The level of clinical illness has not changed over a period of time. We often use it to describe how a patient has been overnight...i.e. the patient has been stable overnight on antibiotics and intravenous fluids (a 'drip'). This can mean that a patient is still extremely ill but is either not getting better or not getting worse. It is not permanent and they could **deteriorate** in a very short period of time (maybe hours). Stable does not mean that a person is healthy or well.
Tracheostomy	A tracheostomy is a tube that is inserted into the windpipe via a hole in front of the patient's neck. This sounds very daunting and can look strange, but it is much more comfortable for your loved one and means they can be more awake.
Treatment	Anything we are doing to try and make your loved one better. It can include drugs such as antibiotics, intravenous (drip) fluids, physiotherapy, oxygen, blood transfusions and some machines including ventilators and kidney dialysis.
Ventilation	Using a machine to blow air and oxygen in and out of the lungs. The breathing machine can do all the breathing, or it can assist the patient's own breathing.
Weaning	The gradual process of reducing the support delivered to your loved one through the breathing machine as their condition improves. This happens before **extubation**.
Withdrawal of life-sustaining treatment	The stopping of organ supporting treatments when your loved one is dying. Care and treatments will still be given, and these will focus on keeping them comfortable and free from distress. We will always continue look after someone even if we cannot make them better but we will not continue treatments that are not working.

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Sandwell and West Birmingham
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Critical Care

If you would like to suggest any amendments or improvements to this leaflet please contact SWB Library Services on ext 3587 or email *swbh.library@nhs.net*.

Health & care information you can trust
The Information Standard Certified Member

A Teaching Trust of The University of Birmingham
Incorporating City, Sandwell and Rowley Regis Hospitals

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