

# Tunbridge Wells Hospital Intensive Care Unit / High Dependency Unit

## A guide for patients, relatives and friends

We hope this guide is useful and answers any questions you may have, but please ask our nursing staff if you still have any questions or concerns. **We are here to help you.**

### What is ICU/HDU?

The Intensive Care Unit (ICU) and High Dependency Unit (HDU) is a ward for patients receiving intensive monitoring and specialised nursing and medical care during the most critical time of their illness. It is also known as the Critical Care Unit.

**ICU patients** usually need additional support such as mechanical ventilation (breathing machine), drugs to help their heart and circulation, a machine to support their kidneys (dialysis) etc. They need support for multiple organs such as the lungs, heart, and kidneys following sudden illness or major surgery.

**HDU patients** often need close monitoring but do not need a mechanical ventilator to enable them to breath. Usually they only need one organ, rather than multiple organs, to be supported by drugs or a machine.

### Why are patients admitted to ICU/HDU?

**Planned patients** are admitted following long and complex surgery after which the patient needs organ support and close monitoring. They are transferred to ICU/HDU direct from the operating theatre immediately after surgery is completed.

**Emergency patients.** Patients admitted to the hospital as an emergency will be seen by the emergency department team or by one of the general medical, surgical or specialist teams.

If the team decide that the patient needs a higher level of monitoring or specialist treatment than is available on a general ward they will be admitted to the ICU/HDU.

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Our most senior doctors and nurses make these decisions with as much involvement as possible from the patient and relatives.

### **Structure of ICU/HDU at Tunbridge Wells Hospital**

We have nine single bed rooms within the ICU/HDU and two nursing stations, one at the front of the unit and the other at the far end of the unit. Direct telephone numbers for each area are printed at the back of this leaflet.

### **ICU/HDU Team**

Medical care on the ICU/HDU is led by the intensive care consultant, an anaesthetist who has specialised in intensive care medicine. Patients may also be cared for by a 'referring team', e.g. surgeons dealing with the surgical aspects of the patient. The ICU/HDU use team and multi-professional working so, in addition to the doctors and nurses, patients may also be seen by physiotherapists, pharmacists, radiographers, speech therapists, dieticians and other clinical specialists.

### **Individual care**

We treat our patients and their relatives as individuals and respect all values, beliefs and concerns as much as we can whilst maintaining effective medical and nursing care.

How long a patient stays on the ICU/HDU varies according to their condition and rate of recovery, but typically would be about three to seven days for ICU and two to three days for HDU.

### **Visiting**

Due to the severity of our patients' illnesses we offer relatives and friends as much flexibility as possible with visiting times and try to tailor this to each patient's needs. We recommend that only family and close friends visit. Due to limited space and the need to allow staff to work around you, we generally restrict visitors to two by the bedside at a time.

We ask that visiting finishes at 8.00pm, allowing adequate night time sleep for our patients. However, please speak to the nurse in charge if you wish to stay later.

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We have a daily patient rest period between 1.00pm and 3.00pm when we restrict visiting and non-essential medical care, giving the patients a period of uninterrupted rest. However, we try to be flexible so please ask nursing staff if this causes a problem with visiting. Otherwise, you may usually visit when you wish, but we liaise with the patient and with you to decide who should visit and when this is most appropriate.

The hospital main entrance is open between 6.00am and 10.00pm. If you need to access to the hospital at other times, it must be through Women's and Children's emergency entrance.

Children are allowed to visit the unit, but please speak to staff first so we can try to make the visit as smooth as possible.

Visitors are sometimes asked to wait outside the ICU/HDU while essential care is carried out. Early mornings tend to be busy, so may be best avoided to minimise waiting. We try to minimise your waiting time as much as possible, but it is sometimes unavoidable. If a delay occurs we will try to keep you informed.

When you arrive at the ICU/HDU please ring the buzzer at the entrance and a member of staff will let you in. Infection control is very important in the ICU/HDU as critically ill patients are more vulnerable to infection. Please alcohol gel your hands and wash and re-gel your hands on leaving the unit – this will reduce the risk of spreading infection.

Please sit in the general waiting area until a nurse from the ICU/HDU shows you through to the relevant area. Please do not let other visitors into the unit if they buzz at the door as this may result in the staff not knowing they are there and may prolong their waiting time. We have a visitors' room with a vending machine, cold water dispenser and toilet facilities.

Visiting the HDU/ITU can be very stressful. It is important to have a break from the unit from time to time and to maintain your own eating and sleeping to avoid exhaustion. If you are worried about leaving the hospital please speak to staff and they will advise you.

### **Preparing to visit**

It is important that you know what to expect during your visit. Your relative/friend may be attached to several drips, drains and pieces of specialist equipment. This is quite usual within the ICU/HDU but may be a shock for you, so please feel free to discuss your feelings and questions with staff.

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The daily routines in ICU/HDU are different from other wards because it is a specialist and complex department. There is a high level of activity all day and night and noise levels are likely to be greater because of the operation of equipment, often beeping or sounding an alarm. An alarm doesn't necessarily mean something is wrong, just that there is something that staff need to be aware of. Staff will be able to explain the equipment and noises to you.

ICU/HDU patients often become swollen around the face and limbs. This is quite common when someone is critically ill and is caused by their inability to move, the treatments for blood pressure, and having a machine controlling their breathing. The nurses may try to reduce the effect by keeping the head of the bed slightly raised and the patient's hands raised on pillows. The swelling usually reduces gradually as the patient gets better. **Rings may need to be removed to protect the blood flow to the fingertips.**

### Why are some patients sedated?

Patients needing help with their breathing often need sedation to help them tolerate the mechanical ventilation, but this is less than is needed for surgery so they are often partially awake.

It is a common misunderstanding that patients are better off being kept completely asleep but research shows that a patient's recovery is improved if the least amount of sedation necessary is used, even though the patient may appear more agitated or distressed at the time.

### How might ICU/HDU affect the patient?

No two experiences of ICU/HDU are the same. However, for many patients this is a very stressful time. As a patient wakes up or if they are not fully asleep they may feel confused about where they are and what has happened. They may also be anxious or in pain. Sedation and medication can be used to relieve this, but sedation can make it difficult for a patient to think clearly. Sometimes the combination of medication and being so unwell can change their understanding of what is happening and they may seem angry, hostile, or just different.

Patients who need a machine to support their breathing will not be able to talk, which can be frustrating for them. However, it is important that visitors talk to the patient and, where appropriate, hold their hand. Sedated patients will often recognise a relative or friend by touch or the sound of their voice and be reassured by their presence.

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Sedation can leave patients with a gap in their memory of that time. Some patients and visitors find it helpful to keep a diary of the patient's stay in ICU/HDU. More information is provided later in this leaflet.

### **Hallucinations, delusions and nightmares**

How much they remember of their stay in ICU/HDU varies from patient to patient, but most can recall the days immediately after the removal of their breathing tube, although this may be fragmented. Patients often have detailed memories of "un-real experiences" involving particular objects, nurses and emotions. Discussing these memories later on often reveals that they are based on a misinterpretation of events happening around the patient at the time.

The memory may be frightening, pleasant or simply peculiar and "unreal". Please don't be afraid to discuss these experiences with the nurses. It is very rare that these recur after recovery. Any permanent loss of memory is due to a combination of the type and severity of the illness and drug treatment.

After returning home please contact your GP if you need help or advice regarding issues with sleeping or hallucinations.

### **Feeling weak and loss of weight**

ICU/HDU patients may lose weight and muscle tone whilst critically ill. Joints may stiffen due to the long time spent in bed and there may be some loss of sensitivity in the fingers and other small joints. This can be distressing but, as patients grow more active, muscle weakness and joint stiffness will improve.

All ICU/HDU patients have physiotherapy, which helps to build physical strength and aids the rehabilitation process. While patients are recovering they often feel anxious and depressed about the effects of being critically ill. We encourage patients to discuss these feelings with their relatives and with staff.

### **Accommodation**

We have two overnight rooms available on the ICU/HDU, but these are only offered in certain circumstances to the next of kin. If another patient is more critically ill than your relative or whose next of kin has to travel a long distance, we may need to ask you to vacate the overnight room. Please speak to a member of staff for more information.

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## Personal enquiries

As much as is possible, we will keep you informed of your relative/friend's progress. On each shift there will be one nurse allocated to caring for one or two patients; this nurse will be familiar with their current progress and should be able to answer most of your questions. Alternatively, there will also be a nurse in charge of the shift, a resident doctor, and an ICU consultant who are responsible for the care of all the patients in the unit. If you wish to speak privately with the consultant looking after your relative/friend please ask the nurse to arrange a time for you.

## Enquiries by phone

You are welcome to phone at any time of day or night using the following direct line numbers:

Front nursing station      ☎ 01892 635598 / 635446

End nursing station        ☎ 01892 635065 / 635182

We ask that one person rings for news who then liaises with family and friends. This allows us to concentrate on looking after our patients. We cannot give detailed information over the phone as we are bound to protect patient confidentiality.

## Your contact details

Please keep us up to date with your phone numbers, particularly if you decide to stay elsewhere, so that we can inform you of any changes.

## The decision to discharge a patient from the ICU/HDU

The decision to discharge a patient from the ICU/HDU is made once they no longer need the high levels of monitoring and support provided there. The decision is made by the ICU Consultant in discussion with the whole team.

Patients are only discharged to an appropriate ward so there is often a delay after they have been deemed fit for transfer until the most suitable ward bed becomes available. During this time the patient will stay on the ICU/HDU but will need less monitoring and support from ICU/HDU staff.

When a patient is transferred to a general ward the critical care nurse will provide both a verbal and written handover, ensuring continued appropriate care. ICU/HDU doctors will arrange a handover of medical management to the patient's medical or surgical doctors.

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As the patient no longer requires critical care management, they no longer require 1:1 or 1:2 nursing but will be cared for by the nursing team on the general ward.

The hospital operates a critical care outreach service - a group of experienced nurses who provide follow up and support to patients moving from the ICU/HDU to a general ward. Please feel free to talk to them about any concerns you may have about transfer to a general ward.

## Smoking

The Trust is a smoke free environment across all its buildings and grounds. Smoking is not allowed at any entrances to the hospital buildings or anywhere in Trust grounds or property. There are no facilities for smokers on any of our sites. Patients and visitors found smoking will be asked to stop immediately.

## Food

Visitors can purchase food and hot drinks from:

- **The Wells Restaurant** is located on Level -1 and is open 7.30am - 7.30pm seven days a week for snacks, refreshments and lunches.
- **Costa Coffee** is located near the main entrance and is open 7.30am - 7.30pm seven days a week.

## Shops

WHSmiths is located near the main entrance and sells confectionary, magazines, toiletries etc. Opening times:

Weekdays	7.30am - 7.30pm
Saturdays	8.30am - 6.00pm
Sundays	9.00am - 3.00pm

There is also Tesco supermarket approximately one kilometre outside the hospital grounds.

## Car parking

There are several car parks signposted. There are reduced rates when visiting ICU/HDU patients so please ask a member of staff to complete an exemption form. You will need to take this to Main Reception desk where the information on your ticket will be adjusted.

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Should you leave the unit after 7.30pm please go to the Main Reception desk and telephone Security who will come and verify your car parking ticket. Instructions on how to contact Security will be found on the desk.

### **Flowers**

Please do not bring flowers into the unit because of space restrictions, infection risks and the hazards of water spillages. However, feel free to bring cards and photos if you wish.

### **Valuables**

We make every effort to protect any property brought into the unit, but can give no guarantees unless items are sent to the hospital safe (for which a receipt will be given). If a patient is unable to voice their wishes we will ensure their valuables are sent to the safe. Patients' money and valuables can only be released from our care if requested by the patient themselves. Large amounts of cash are returned in the form of a cheque.

### **Radios/TVs**

Some patients wish to listen to music, so personal music players with headphones are allowed. Any equipment that needs to be plugged into the mains supply must be checked by our engineers before use. Before bringing in equipment please bear in mind our space limitations, and also remember that although we will take as much care of equipment as is possible, we cannot accept responsibility for loss or damage. TVs are provided in each room, but availability of channels may vary.

### **Toiletries**

No towels, flannels or clothes from home are needed, but toiletries are useful e.g. hairbrush, shampoo, liquid soap, deodorant, shaving equipment, toothpaste and toothbrush.

### **Interpreting / Translation services**

If you need a foreign language or sign language interpreter please ask staff, as this can be arranged through the Trust.

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## Chaplaincy

If you would like support from the Hospital Chaplain please ask staff and we can arrange this for you. Although the hospital chaplaincy is of the Christian faith, contact with representatives from other faiths is maintained and support can be arranged.

## Patient diaries

Due to the nature of their illness, together with the sedative drugs given to help them tolerate the necessary drips and tubes, patients in ICU/HDU often don't remember their time spent in the unit. Some patients struggle to fill this gap in their memory once they recover, leaving them worried and anxious.

Completing a diary for patients during their ICU/HDU stay means they can read this once they have recovered, helping them fill in the missing gaps. Anyone can write in the diary, including relatives and friends as well as hospital staff. When the patient leaves the ICU/HDU, if they wish to receive their diary one of the ICU/HDU staff will bring it to them on the general ward.

In the ICU/HDU waiting area there is a leaflet titled "Patient Diaries" which provides further information about this. If you have any questions or would like us to start a patient diary for your relative/friend please speak to the allocated nurse.

## Leaflets and literature stand

In the waiting area, there is an information stand which contains a number of relevant information leaflets that you may find helpful. Please help yourself to any of these leaflets and inform a member of staff if any appear to have run out.

## ICNARC- Audit of critical care patients

It is important to us that all of our patients receive the highest standard of care. To help us do this our unit is regularly assessed by an independent, charitable organisation called the Intensive Care National Audit and Research (ICNARC) programme.

Data is collected on every patient admitted to ICU/HDU. This includes:

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- When the patient was admitted to the unit and where from (e.g. ward, emergency department etc)
  - Why the patient needed intensive care
  - What treatment was given and the results of the treatment
  - When the patient left the unit and where they went next (e.g. ward, home etc)

**No names or addresses are sent to ICNARC.**

The data is sent to ICNARC who then confidentially analyse it and send the results back to us. We use these results to improve the care we give our patients.

All data is kept securely and is kept in accordance with the Trust's data security policy. ICNARC has a very secure computer system, has been approved by the Department of Health's National Information Governance Board (NIGB) and is registered under the Data Protection Act.

If you, as a patient or relative of a patient in ICU/HDU, have any concerns about the use of this information, please talk with one of the senior ICU/HDU nurses. This will not affect the care and treatment provided.

**Organ and tissue donation**

The UK Department of Health recommends that all parts of the NHS embrace organ donation as a 'usual' and not an 'unusual' event. The ICU/HDU is a 'donation friendly' unit and has policies in place from the Department of Health to ensure this is followed correctly. The unit has a stand which holds several leaflets relating to organ donation and related subjects.

In the sad event of a patient dying on the ICU/HDU, where appropriate, discussions relating to organ and tissue donation will form part of our end-of-life care for patients and their relatives.

Where appropriate, a patient may be confidentially checked to see if they have previously registered on the NHS Organ Donor Register. The hospital has a specialist nurse who has undertaken training relating to organ donation and is available to speak to families if donation is felt to be an option.

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Please be assured that we are committed to doing everything possible to save life. Donation only takes place after a patient has died despite us giving full medical treatment. Donation is only undertaken after full communication with relatives and only after obtaining formal consent. If you have any questions or concerns relating to organ or tissue donation, please do not hesitate to speak to one of the staff.

### Concerns or problems

There is a Patient Advice and Liaison Service (see back page) but we would prefer your first point of contact to be the nurse-in-charge or the Unit Matron. We aim to discuss and resolve all concerns efficiently.

Please tell us if there is anything that you feel we could do better. Equally, it is nice to know if you feel we have done well.

If you have any comments or suggestions about how we could improve the service we provide to relatives and friends, please feel free to write them below and place the page in the box provided on the unit. We value your comments and will use them to improve our services for others in the future. **Thank you.**

If you would like us to contact you regarding your comments / suggestions please tick this box and provide us with your preferred contact details (e.g. name and phone number / email address / postal address).

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**Comments**

**Date:**

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## Further information and advice can be obtained from:

### **TWH Voluntary Car Service**

☎ 01892 511627

Offers limited services for retirement aged people who cannot use public transport. They charge a fee per mile and require three to five day's notice.

### **Citizens Advice Bureau**

☎ 0844 499 4140

Offers independent, impartial, confidential and free advice on issues such as benefits, debt and housing.

### **Headway**

☎ 01892 619001

Headway is a national organisation for people who have suffered a head injury, offering advice and support to family and friends.

### **Crossroads**

☎ 0845 450 0350

Provides trained carer support workers to offer practical support to carers – those people looking after a dependent relative or friend living at home. They take over the carer's role to enable them to take short breaks when needed.

### **West Kent Branch Cruse**

☎ 01732 353575

(Monday - Friday 10.30am - 12.30pm)

Offers a volunteer bereavement counselling service. Supportive literature is also available.

### **NHS 111**

☎ 111

### **NHS Direct online**

[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

### **BRAKE - The Road Safety Charity**

[www.brake.org.uk](http://www.brake.org.uk)

A road safety charity dedicated to stopping deaths and injuries on roads and caring for people injured on the road and the bereaved.

### **Critical Insight - Intensive Care Society**

☎ 0207 280 4350

An Intensive Care Society introduction to UK adult critical care services.

[www.ics.ac.uk/patients](http://www.ics.ac.uk/patients) [relatives/patients](http://www.ics.ac.uk/relatives/patients) [relatives section](http://www.ics.ac.uk/relatives/section)

### **I-Canuk**

[www.i-canuk.com](http://www.i-canuk.com)

A professional and independent national organisation aiming to improve the long term care of patients who have suffered critical illness.

### **ICU Steps**

[www.icusteps.com](http://www.icusteps.com)

ICU Steps is a charity run by former ICU patients and relatives which aims to improve the care and support given to patients and their carers recovering from critical illness.

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## ICU / HDU contact numbers

Please contact the ICU / HDU regarding any issues or questions you may have about your/the patient's stay in the unit:

Front nursing station

☎ 01892 635598 / 635446

End nursing station

☎ 01892 635065 / 635182

**MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the PALS Team. We will do our best to arrange this.**

## Patient Advice and Liaison Service (PALS)

If you would like to raise any concerns, make comments and suggestions or require information on Trust services, you can contact **PALS**. Office opening times are Monday to Friday 10.00am to 4.00pm. Both offices offer a 24 hour answering machine. Messages will be responded to within one working day, so please do leave a contact number.

PALS Maidstone Hospital

☎ 01622 224960

PALS Tunbridge Wells Hospital

☎ 01892 632953

PALS Email

[mtwpals@nhs.net](mailto:mtwpals@nhs.net)

PALS SMS

☎ 07747 782317

PALS Maidstone Fax

☎ 01622 224843

PALS Tunbridge Wells Fax

☎ 01892 632954

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