

# Your discharge from the Critical Care Unit

An information guide



# **Your discharge from the Critical Care Unit**

## **Introduction**

This leaflet has been designed to help you and your family in your recovery following your recent stay on the critical care unit.

It gives some advice on the problems and worries you may have now that you are getting better and are ready for discharge to the ward.

You may or may not have physical or emotional problems that you do not fully understand, but if you do have any concerns at all please feel at ease to discuss them with us.

## **Stepdown**

Once your condition has improved and you no longer require intensive care, but are not quite ready to go to a general ward, you will be transferred to the High Dependency Unit.

In some hospitals this is part of the Intensive Care Unit, whereas in other hospitals it is a separate unit.

Nurses on the High Dependency Unit will be looking after two patients instead of the one-to-one nursing care you will have been used to on the Intensive Care Unit.

## **Going to the ward**

Going to the ward is a big step on the way to getting better and going home.

It is normal to feel anxious because you are leaving a place you have become familiar with. The thought of different staff looking after you may be worrying, especially after you have been so ill.

We understand these feelings and are used to looking after people who have been seriously ill. We are more than happy to answer any queries you may have. All wards have leaflets containing relevant information about the ward and visiting times etc.

You will notice that there will be fewer nurses on the ward compared to the critical care unit. This is because you are now ready to become more independent. To start with, you will be closely monitored and will have a call button. This should be used if you need help and the nurses will get to you as quickly as they can.

You will soon learn to trust and work with the ward staff and as your condition improves, you will be encouraged to do more for yourself. Over time your treatment will change from full nursing care to rehabilitation and preparation for home. This could take several weeks. Our aim is to move you from dependence to independence.

## **Follow up care**

As part of the Follow up care many of the patients will be seen by one of the Critical care nursing team within 24-48 hours of discharge to the ward to assess them and check how they are doing, you will also meet some or all of the following members of the health care team:

Dietitians, nursing/medical staff, outreach team, pain management team, pharmacists, psychologists, physiotherapists, social workers, speech and language therapists and occupational therapists.

You may also see other people who work in the hospital including hospital chaplains, hair dressing/barber services and citizens' advice bureau staff.

## **Exercise and mobility**

When you leave the Critical Care Unit you may find that the slightest activity takes a tremendous effort and leaves you feeling very tired.

This is normal and will lessen with time. Everyone recovers at different rates depending on your age, your previous level of fitness, how ill you have been and the length of your illness. Do not be alarmed if it takes weeks or even months before you get back to normal.

During your stay on the Critical Care Unit you may have lost some weight. Your muscles will be weak and your joints may be stiff from being in bed for so long. This will slowly improve as your general level of activity increases.

Your ward physiotherapist will make an initial assessment of your problems and needs, and will plan with you the exercises most suitable for your needs.

While you sit out in a chair, you can help your recovery with the following exercises:

- Tap your toes while keeping your heel on the floor.
- Bend and straighten your knees.
- Reach each arm up above your head, one at a time.
- Shuffle your bottom to the edge of the chair and then push down with your arms on the arm rests to lift yourself up (do not try to stand on your own if you are unsteady).

These are examples of exercises you may try. Please first check with your physiotherapist as some of the exercises may not be suitable for you:

## **Do the following exercises lying flat on the bed:**

- **1** - Place your hands on your lower ribs. Take a deep breath in through your nose, hold for 3 seconds and then breathe out through your mouth. Repeat 3 times.
- **2** - Bend both knees up, placing your feet flat on the bed and lay your arms by your sides. Roll your knees together to the right (keep your shoulders on the bed) and then roll your knees to the left. Repeat 10 times each side.
- **3** - Keep knees bent up. Tuck your bottom in and then try and lift your bottom off the bed. Repeat 5-10 times (increase amount as you improve).
- **4** - Straighten your legs. Bend your right knee to take your heel to your buttock and then straighten your leg. Repeat with left leg. Repeat 10 times with each leg.

## **Now sit in a supportive chair:**

- **5** - Place a small weight (such as an orange) in your left hand. Starting with your arm down by your side, bend your elbow so that your hand touches your shoulder and then straighten down. Repeat 10 times. Do the same with your right arm 10 times.
- **6** - Turn your head to look over your left shoulder, turn back to look ahead and then look over your right shoulder. Repeat 10 times each.
- **7** - Take your arms out to the sides: bend your arms so that your hands rest on your shoulders. Circle your arms forward 10 times. If this feels too easy, try with your arms straight.
- **8** - Place your arms in front of you, palms together. Move your arms as far apart as they will go and then bring them together again. Repeat 10-20 times.

- **9** - Clasp your hands together in front of you. Raise them up above your head as high as they will go, then lower. Repeat 10-20 times.
- **10** - Use a towel as if you were drying your back. Move the towel up and down 10 times with your right arm above your head, and then 10 times with your left arm above your head.

**Remember to listen to your body and aim for realistic short term goals.**

Examples of short-term goals include getting out of bed unaided, walking independently and putting your own shoes on.

Before you go home, your ward physiotherapist may give you some exercises that you could do at home to improve your strength. It is important to start at an easy level and build up as your strength returns. As a rough guide you should not feel your heart racing during the exercise, and, although it may make you a little breathless, you should not be so breathless that you cannot talk. Do not exercise if you have recently eaten or feel ill.

As your strength returns, you may want to take up more vigorous exercise. Swimming, fast walking or cycling will help to strengthen your limbs if practised regularly. Ask your doctor or physiotherapist for more advice.

## **Breathing**

You may experience periods of breathlessness that you cannot relate to any kind of physical exertion. It may be related to something as simple as talking. If this continues and worries you, then discuss it with the nursing/medical staff or the physiotherapist involved in your care.

## **Tracheostomy**

During your stay on the Critical Care Unit, you may have needed a tracheostomy to help you breathe.

If this has been removed before you went to the ward your voice and cough may still be weak. You can help improve this by pressing gently on to the dressing when you talk or cough. This will also help the hole where the tracheostomy was to heal up quicker.

If you still have a tracheostomy tube in place, you won't be able to talk properly until it is removed. If you talk slowly and clearly, people may be able to lip read. It may be possible to insert a small valve into the tube that will make it easier for you to speak.

These valves are not suitable for everyone, but your team will discuss this with you. When you are strong enough, the tube will be removed on the ward. This is completely painless. The hole will heal up in approximately 5-7 days, until then, a dressing will be left in place.

## **Smoking**

If you smoked before you became unwell, now is an ideal time for you to give up.

If you stopped smoking in hospital, don't start again when you go home. Smoking kills 100,000 people a year and is a major cause of chest infections, bronchitis, emphysema, heart disease, strokes and cancer. Nicotine in cigarettes makes the heart work faster and raises your blood pressure.

If you have started smoking again and would like to stop but need some help, contact your local smoking cessation group. Phone numbers can be found at the back of this leaflet.

## **Eating and Drinking**

While you were on the Critical Care Unit, you may have been fed either through a drip into your vein or through a tube via your nose into your stomach.

As soon as you are able to, you will be encouraged to slowly start eating and drinking normally again. You may find that you have lost your appetite or that your sense of taste has changed. However, it is very important to try and eat a diet that is as nourishing as possible. These changes are common and everything should return to normal in a few weeks. Using sharp tasting foods, like sauces with your meal, or fruit may make it more palatable.

If your appetite is poor, small meals with snacks in between are usually easier to take. If you are having problems eating, ask the nursing staff to refer you to a dietician for more specific advice on your diet.

Unless you have been advised to restrict your fluid intake, it is important that you drink plenty. Try having nourishing drinks such as Horlicks, milky tea or coffee, milkshakes or fruit juice.

## **Dentures**

Due to generalised weight loss you might find your dentures do not fit. This may be because your gums have shrunk, causing your dentures to rub and cause irritation. As a result, you may find it difficult to eat.

You could try a denture adhesive until you are well enough to visit your dentist on leaving hospital. Soft foods may be better tolerated e.g. shepherd's pie, or adding extra sauces/gravy may help. If your mouth is sore, then cold foods and drinks can be soothing, but salty and spicy foods may sting.



## **Toilet habits**

You may be experiencing anything from diarrhoea to constipation. This is quite common. Patients who have been seriously ill often experience these symptoms. Do not be embarrassed and let the staff know on the ward. Advice about diet or medication may help.

## **Sleeping**

You may find that your sleep pattern has changed. It may be more difficult to fall asleep, or that you wake up during the night. When your body is not active, it does not need as much sleep as normal. As you recover, your sleep pattern will return to normal. A bath or shower before bedtime might help you to fall asleep. Many people find reading just before going to sleep is a good way of relaxing. A bedtime drink may be helpful, but avoid tea, coffee and large amounts of alcohol. To allow your normal sleep pattern to return, it is a good idea to try and get up at a set time each morning, gradually increase your activity levels, avoid catnapping during the day and have a regular bed time. Being awake at night can seem worrying. It is common for a small problem to seem huge in the early hours when you are the only person awake. This is quite normal, but when you have been ill it can be much harder to cope with.

## **Nightmares**

Some patients experience nightmares while in the Critical Care Unit afterwards on the general ward. Although they may be very vivid and frightening at the time, they usually go after a few days or weeks. This is quite a normal experience. If you have had, or are having similar problems, please speak to us. Finally, the most important thing is not to worry about a lack of sleep. As you recover, things will get back to normal.

## **Changes in Mood**

Many patients complain of changing moods. One day feeling good, and the next feeling down. You may also be irritable and emotional. This is a normal reaction to illness and will subside with time.

If you have been very seriously ill or ill for a long time, you may find that you feel quite anxious or depressed for a while. Sometimes, it may seem that you will never get back to normal and any progress you make is slow. The struggle to recover your physical strength can be discouraging.

It is therefore important for you to be realistic about what you will be able to do for yourself. Remember that you have been very ill and your body needs time to recover.

Gradually take on the activities that you did before you became ill. Give yourself targets that you can manage and this will help you rebuild your confidence. Do not set yourself targets that are too difficult to reach, otherwise you may feel you have failed. Try to be patient if you have setbacks.

## **Anxiety**

If you experience overwhelming feelings of anxiety such as fear, edginess, an inability to relax or physical symptoms such as your heart racing, breathlessness and tingling in your hands and feet, you may be suffering from an anxiety disorder.

Let us know if you do feel like this, as we can provide relaxation tapes, counselling and medication.

## **Depression**

If you experience persistent low mood, inability to enjoy yourself, and poor sleep and appetite lasting more than two weeks, you may have developed a depressive illness.

Although it may seem an understandable reaction to your circumstances, treatment in the form of counselling and/or medication is important. Research shows that treating psychological symptoms improves your ability to cope with your illness and affects how well you respond to treatment.

It is important to be realistic during your recovery and make sure that the goals you set in the short term are achievable.

## **Concentration**

The inability to concentrate on even the smallest tasks or make the simplest of decisions may be frustrating. This should gradually become less of a problem over time. If it does not, you may need to seek professional help and support.

## **Your family and relationships**

Your family and friends are obviously delighted that you are getting better, but they may be overprotective and not let you do as much as you feel able to do.

Remember that it has been a worrying time for them too.

Talking over what has happened and sharing your worries will help you work together towards your recovery. Talking about what has happened and telling each other how you feel should help.

## **Sexual problems**

Many patients and partners are frightened to resume a sexual relationship for fear of harming themselves or their partner. Your illness may have reduced your sex drive, but sex is not likely to be harmful to you.

As with other forms of exercise, you should do as much as you feel comfortable with. You will be able to return to your normal relationship, but try to understand that this will take time and patience from both of you. Talking to each other about this may help.

If you feel the need for additional support or advice, then please talk to your consultant or GP who may refer you to an appropriate specialist.

## **Changes in bodily appearance**

Your appearance may have changed as a result of being ill, but this doesn't usually last long. This is a normal part of a serious illness and should return to normal over time. However, if symptoms do persist or you are concerned, please discuss them with your doctor.

## **Hearing**

You may notice changes in your hearing. This may be from slight hearing loss or your hearing becoming more sensitive. Sometimes your sense of balance may be affected and you may experience dizzy spells.

## **Eyes**

You may experience temporary changes in your vision, especially when you are tired. It is important to rest your eyes as well as your body.

## **Hair**

As a result of being ill, you may experience hair loss and changes to the quality of your hair. It may take up to a year to recover.

Tell your hairdresser if you are having this problem and they may be able to advise you on how to improve the condition of your hair. Some hospital sites have a mobile hairdressing service. Please ask the ward staff.

## **Skin**

The texture of your skin may change. It is quite common to find that your skin has become much drier than before.

Regular moisturising should help. If your skin is itchy, please ask staff for advice. You may also notice some scars that you feel are unsightly, but these should eventually fade to your normal skin colour.

After a serious illness, you may have also lost a lot of weight and notice your body image has changed. Try not to be concerned and dress for comfort. Exercise and a sensible diet will help to restore your weight and shape in time.

## **Voice**

Your voice may have become weak or husky. This may be the result of having been on a breathing machine or having a tracheostomy. This should return to normal over a period of time.

## **Stress**

The period of getting better after a serious illness can be stressful. Recovery from serious illness takes time. If at the end of each week you can look back and say things are better than the previous week, you are making good progress.

## **Going home**

Once at home you may find the first few weeks exciting, but this may fade. Soon you will find that you are getting stronger by the week.

It may be harder sometimes to see changes and improvements happening. You must also realise that if you have been seriously ill, you may never get back to your previous health level.

If you live alone and have worries or concerns about managing at home, please let us know as soon as possible so that we can arrange support.

## **Remember**

- You have had a serious illness and you have survived it
- Things will get back to normal, but it will take time
- You are not alone.

## **Who to contact**

Once home, you may find it useful to have your contact numbers at hand in case should you have any problems e.g. GP, social worker, dietician, physiotherapist etc. Your GP is usually the best person to deal with your problems. It sometimes takes a while for them to get the full details of your hospital stay, so be prepared to explain what's been happening to you and have a list of your medication and appointments to hand.

## Feedback

If you would like to leave feedback regarding the care and treatment you have received from this department, we would be very pleased to hear from you. There are several ways that you can leave feedback for us:

**Through NHS website (preferred) - [www.nhs.uk/service-search](http://www.nhs.uk/service-search):**

- In the 'FIND' box, please enter '**The name of hospital you were treated in**'
- Select the '**Leave Review**' yellow tab
- Fill in your ratings and any comments. Please write 'the ward/ department you visited' as the title of your review.
- In section 4 please select 'the department you visited'

### **By Post:**

The Chief Executive,  
Trust Headquarters,  
North Manchester General Hospital,  
Delaunays Road,  
Crumpsall  
M8 5RB

**Via the website:** [www.pat.nhs.uk/contact-us](http://www.pat.nhs.uk/contact-us)

**On Twitter:** @PennineAcuteNHS

**By Email:** [enquiries@pat.nhs.uk](mailto:enquiries@pat.nhs.uk)

**Write your useful contact numbers in here:**

**Useful numbers**

Age Concern

0161 761 5895

Alcoholics Anonymous

0845 7697555

Amamus Counselling Service Bury

0161 766 4239

Asthma helpline

0845 701 0203

Benefit enquiry line

0800 882200

Bereavement Service

0161 654 7806

Rochdale Bereavement Service

01706 370419

Blood Donor Telephone Service

0845 7711711

Breathe Easy North West office

0151 224 7778

British Diabetic Association

0207 424000

British Epilepsy Association

0800 800 5050

British Heart Foundation

0845 708070



Cruse Bereavement Service  
08701671677  
Cancer Aid listening line  
0161 205 4549  
Cancer Bacup  
0800 800 1234  
Carers UK  
0207 922 8000  
Citizen Advice Bureau Manchester  
0161 834 9057  
Citizen Advice Bureau Oldham  
0845 1203 703  
Community Drugs Team  
0161 624 9141  
Compassionate Friends Bereavement Service  
0845 123 2304  
Guillan Barrie Support Group  
0800 374 803  
Headway national head injury service  
0115 924 0800  
Jewish Counselling service  
0161 740 5764  
National AIDS sexual health line  
0800 567123  
NHS Direct  
0845 4647  
Relate Bolton  
01204 528302  
Relate Bury  
0161 764 4113  
Relate Salford  
0161 745 8486  
Samaritans  
08457 909090

Smokers Quit Line  
0800 002200  
Victim Support Manchester  
0161 477 2020  
Victim Support Oldham  
0161 652 0405  
Bury Smoke Free living  
0845 223 9001  
Rochdale Smoke Free living  
01706 708000  
Oldham NHS Stop Smoking  
0800 328 8534  
Bolton Stop Smoking  
01204 462 345  
[www.nhs.uk/gosmokefree](http://www.nhs.uk/gosmokefree)

## Useful websites

Intensive Care Society - [www.ics.ac.uk](http://www.ics.ac.uk)

Dipex: database of individual patient experiences - <http://www.dipex.org/intensivecare>

ICU steps: Intensive Care Unit Support Team for ex-patients - <http://www.icusteps.com>

Patient UK: An independant service leading to high quality UK internet health sites - <http://www.patient.co.uk>

**If English is not your first language and you need help, please contact the Interpretation and Translation Service**

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

**For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897**


**For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service**

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).

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