

Churchill Intensive Care Unit

**Information for
relatives and visitors**



Introduction

This booklet is written for you, your family and friends. It will answer many of your questions about Critical Care. It should relieve some of the anxiety you may be feeling.

Please do not hesitate to ask a member of staff for any additional information.

About Churchill Intensive Care Unit

In Churchill Intensive Care (CICU), we look after people who are seriously ill. We provide “Intensive” Care for people who need constant monitoring and support. These people often need special equipment and staff with particular skills. We provide “High Dependency” care for people who need more care than can be given on a general ward. “Critical care” includes both “Intensive” and “High Dependency” care.

We provide high standards of care for patients, and support for visitors and relatives.

A lot of equipment is used to help us care for patients. This can seem worrying. Our staff will explain this equipment to you.

The same staff team work across Churchill Intensive Care in both the John Radcliffe and Churchill Hospitals.



Our staff

Each patient is looked after by dedicated staff. These include a responsible consultant and nurse in charge for each day. Each patient will have a named nurse looking after them. The usual nursing shift pattern is:

7.30am to 8.00pm (day shift)

7.30pm to 8.00am (night shift)

Along with doctors and nurses, all our patients are cared for by a team of staff with different skills. The team includes physiotherapists, dieticians and pharmacists. Our team works closely with teams from other hospital departments. This joint working provides the best care. You can find a guide to the uniforms worn by different staff members on the hospital website or in the patient waiting rooms.



What to expect during the first few days

We admit people to the Critical Care for many reasons. They may need critical care after an operation. Alternatively, their body may need the help of our staff and machines to keep working. In both cases, patients need time to get well.

We understand this is a worrying time. When one of your relatives or friends is admitted to Critical Care, it is common for you to feel helpless. You may want to know everything you can about their illness. If you have questions, please ask the Critical Care staff. They will answer your questions as far as is possible. The staff will be happy to explain what they are doing. They will be able to update you as time goes on.

What will my relative or friend look like?

Your relative or friend has been admitted to Critical Care for us to provide extra care. This may involve special face masks or a breathing tube inserted through their mouth to help their breathing. We also often place special lines into their neck and arms to allow us to give treatments. Often these treatments involve being connected to machines. The masks, tubes, lines and machines can be frightening. They are there to help the patient recover. We have explained the masks, tubes, lines and machines we commonly use later in this booklet.

Nurses will often tell the patient what they are doing, even when the patient appears unaware of their surroundings. This is because patients sometimes remember events even when they seem unaware.



How can I help?

Helping the patient

Talking about shared experiences can help both of you. Keeping up a one-sided conversation can be difficult. You could also try reading a newspaper, magazine or book to them.

Even if the patient is conscious, you may find it hard to talk with them. Sometimes this is because they have a tube in their mouth to help their breathing. If they can't speak, they may be able to write, or spell out words.

Patient diaries

Many patients who spend time on the Critical Care Unit have little memory of their stay. During the rehabilitation process after critical illness, patients often want to understand what has happened to them and to fill in some memory of the gaps. Some patients find a written diary of their critical care stay helps.

A patient diary pack for each family, which include a diary, a pen and information on writing a diary is available for any patient who stays more than three days. Please ask a member of the nursing team for more details. The patient diary is not part of the hospital health care record but is a personal record of the things you think your relative or friend would like to know. The diary is confidential. To ensure privacy, we do not allow photographs.

Helping the staff

Some people find it helpful to be involved in caring for their relative. You may be able to help by brushing their teeth or massaging or moisturising their hands and feet. This will depend on how ill the patient is and won't always be possible. If you want to help in these ways, please ask the staff.

Preventing infection

Patients who are very ill may have difficulty fighting infections. The staff will do all they can to make sure the patient is protected. You can help too by washing your hands and using the anti-bacterial creams, gels or sprays before you go near or touch the patient. You will see these at the entrances and around the Critical Care. Please encourage other visitors to do the same.

Other things you can expect

Behaviour

Many patients require sedatives and painkillers to manage their time in Critical Care. We gradually reduce these as the patient gets better. This is called 'weaning'.

Weaning can take hours or it can take days. During weaning the patient may be drowsy and confused. Sometimes, a patient's behaviour may be out of character. They may be agitated, confused, scared or paranoid. Paranoia is a form of anxiety or fear that can make you believe people are plotting against you or trying to hurt you.

Patients may also have hallucinations (see things that aren't really there) and nightmares that seem very real. Patients sometimes believe staff members are trying to hurt them. This can be distressing for you and the patient. It will improve as they get better and begin to recover.

Patients vary in both how long weaning takes and how it affects them. Differences are partly explained by their illness. The length of time they are ill also contributes. Some essential medications also affect weaning. Although a concerning time, weaning is a necessary step. It means they're getting better.

Common treatments and procedures

These may include:

Breathing support (ventilation)

We ventilate a patient using a breathing machine, or ventilator. You will see a machine near to the patient connected to them with plastic tubing. Breathing support occurs via a tight-fitting mask or through a breathing tube in the mouth or windpipe (tracheostomy). The breathing tubes can mean that patients will not be able to speak to you.

The nurses may regularly clear the chest of mucus and fluid. This is done by putting a thinner tube into the breathing tube. This is quite noisy and can cause the patient to cough or wretch. Afterwards, their breathing can be easier and more comfortable.

Continuous invasive monitoring

Invasive means plastic cannulas/ tubes are put into veins and arteries to measure blood pressure and blood flow. You may hear these called "arterial", "central" or "intravenous" (IV) lines.



Drainage tubes

Tubes may be put into the bladder (urinary catheter) and the stomach, usually through the nose (nasogastric tube). The stomach tube is also used to feed patients.

Circulation support

Circulatory support may be required when the blood pressure is low. We use fluids or drugs that increase the blood pressure.

Kidney support (dialysis or haemofiltration)

Kidney support may be needed to help the kidneys clean the blood when they are not working properly. You will see a machine next to the patient with blood being pumped through it.

Nutritional support

Either through the stomach tube or directly into a vein. Some patients are able to eat and drink. You may arrange, with their nurse, to bring in food they are fond of.

Looking after yourself

You can help the family member or friend whilst they are a patient by taking care of yourself. You should take a proper rest from being with them. This will also give them time to rest. They will be well cared for. Staff will contact the next-of-kin straightaway if they need to or if the condition gets worse.

Your family and friends will be concerned about you and the patient. They will want to know how things are. It can be tiring if the phone is ringing all the time. Passing on the information by email or text to several people at once can be easier. You could speak to one person regularly. They could pass the information on to others using a group message.

You may not feel like eating and you may have difficulty sleeping. Do take time to eat regularly and rest when you can.

Patient partners

In times of stress and worry people often turn to their partner for support. If the patient is your partner, you may feel very alone. Having a partner on Critical Care can make life very difficult. You can get help from one of the organisations listed in the 'Further information and support' section in this leaflet. Please let us know if you are struggling. We will do our best to help you get the right help and guidance.

Visiting Critical Care

Visitors are welcome. You can find information about when you can visit in our patient waiting rooms. We will try to accommodate you visiting at other times where this is needed. You should ring the bell and wait for someone to answer the intercom before entering the unit. This helps us maintain patient privacy and confidentiality. Delays may occur if the staff are busy. Please ring again if there is no answer at first.

We usually only allow two visitors at a time, to ensure we can continue to provide care. The nurse responsible for your relative or friend will advise you about what is practical at the time you visit.

There may be times that you will be asked to leave the unit to allow us to care for the patient. This can sometimes take time and does not mean that there is a problem. We will explain, where possible, what is happening. Please ask any questions you need to.

You may also be asked to leave the unit whilst ward rounds take place in the morning and evening. This is to ensure patient privacy.

It is not always a good idea to bring babies and young children into the unit. Please discuss this with the patient's nurse. This allows us to ensure appropriate support. Booklets are available for children of primary school age.

Please switch mobile phones to silent before coming into the unit. They can disrupt our ability to provide care to all the patients on the unit.



Location of facilities

There are public toilets by the main entrance near WH Smiths. A guide to the location of other useful facilities in the hospital can be found on the OUH website: www.ouh.nhs.uk

Parking

Charges apply for most people parking at the OUH Trust hospitals. Automatic Number Plate Recognition (ANPR) is now in place at the Churchill Hospital. The ANPR system means a camera photographs all vehicles entering and leaving the car park. The camera is linked to the on-site pay machines or you can pay by phone or the payment website. You may be entitled to free parking whilst your relative is on Critical Care. Please ask us for information about this. The car parking office can be contacted on (Telephone: **01865 225 466**) for more information.

For more detailed information see:
www.ouh.nhs.uk/patient-guide/

Telephone numbers and WiFi

CICU: **01865 235 078** or **01865 235 077**

Switchboard: **0300 304 7777**

WiFi: Free WiFi is available at **OUH-Guest**

Friends and relatives will want to telephone Critical Care to find out how the patient is doing. Please designate one or two people to telephone the Unit and then pass the information on to others. This allows the nurses to spend as much time as possible at the patient's bedside.

All patients have a right to confidentiality. The amount of information we can give over the telephone is limited. Family members may be asked to deal with enquiries from friends.

Patients' personal belongings and needs

Towels, clothing, nightwear and valuables are not needed on Critical Care. Personal toiletries such as a soft toothbrush, comb or brush and shaving equipment are much appreciated.

No fresh flowers are allowed on the Unit as they carry an infection risk. We welcome cards and photographs.

Family and friends may wish to bring in things to make the patient as comfortable as possible. Please discuss ideas with us. We need to be sure they will not get in the way of safe care.

The Trust cannot accept liability for any loss or damage to personal property. Please do not keep valuables or cash in the hospital. Please take these home. If any clothing is brought in for the patient, please ensure it is clearly labelled with the patient's name.

Feedback

Your opinion is important to us.

Whether you are happy or unhappy with the care and treatment that you, your family member or friend have received we'd like to know about it.

Please speak to the Senior Nurse on the shift in the first instance. If that does not resolve the issue to your satisfaction please contact the Matron, Telephone: **01865 220 657**

If we are not able to help, you can contact our:

Patient Advice and Liaison Service (PALS)

Monday to Friday 9.00am to 5.00pm

Telephone: **01865 221 473** or **01865 740 868**

Email: PALS@ouh.nhs.uk or feedback@ouh.nhs.uk

Help with English

Do you need help with English? Are you hard of hearing?
Please tell the nurse so we can help.

Further information and support

Car Parking Office

Telephone: 01865 225 466

Churchill Hospital Patient Information Guide:

Website: www.ouh.nhs.uk/patient-guide/

Citizens Advice Bureau

Telephone: 0844 111 444

Website: www.citizensadvice.org.uk

Critical Care Matron

Telephone: 01865 220 657

Critical Care Recovery

Website: www.covid19.criticalcarerecovery.com

Cruse Bereavement Support

Telephone: 0808 808 1677

Website: www.cruse.org.uk

Healthtalk

(useful experience of family and friends):

Website: www.healthtalk.org

Hospital Facilities

Website: www.ouh.nhs.uk/hospitals/churchill/facilities

ICU Steps

Support for ICU patients and their relatives:

Website: www.icusteps.org

Intensive Care Society

Website: www.ics.ac.uk/about-icu/patient-resources

Oxford Social Services

Website: www.oxfordshire.gov.uk/residents/social-and-health-care/adult-social-care

Patient Advice and Liaison Service (PALS)

Telephone: 01865 221 473

Email: PALS@ouh.nhs.uk or feedback@ouh.nhs.uk

Samaritans

Telephone: 166 123

Website: www.samaritans.org

Support for Children of Patients

Website: www.seesaw.org.uk

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information

ICU steps literature, a charity that supports ICU patients and information from the Intensive Care Society informed the writing of this leaflet.



Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

