

Critical Care Follow-Up

Discharge Information



Hope Building
Critical Care Unit
0161 206 5045



Health & care
information
you can trust

The Information Standard

Certified
Member

Contents

Introduction	2
Going to another ward area	3
Breathing	3
Mobility	3
Eating and Drinking	5
Changes in your appearance and senses	6
Sleep	7
Changes in mood	9
Your family and relationships	10
Going home	11
Follow up clinic	12
Useful numbers and websites	12

Introduction

Now that you are in a different ward you may experience certain physical and emotional problems that you do not understand. This booklet contains a variety of problems or concerns that some Critical Care patients have experienced.

This does not mean that you too will experience all of these, but that if you do, the booklet along with the visit from the follow up nurse within the first week of your transfer to another ward may help to alleviate some of your concerns and queries.

If you have had a neurological injury you will be seen by the Critical Care nurse on the wards but looked after by your parent speciality as part of the neurological pathway of care and your ongoing management and treatment will need to be discussed with them on their rounds or with the nursing staff or specialist neuro nurse.

If however, you or your family would like more information regarding the Critical Care aspect of your hospital stay then please contact the ICU secretary between 8am and 5pm on the numbers provided on page 12 of this booklet.

Going to the ward

Transferring to the ward is a very big step for you. We base this decision on the fact that you are now getting better and no longer need Critical Care or one to one nursing care. In spite of this your recovery may have ups and downs, but this is normal.

You may feel apprehensive at this stage, because you are leaving a place you feel familiar with. Having to meet new people on the way may make you feel uncomfortable; this is also normal.

The staff on the ward understand these feelings and are used to looking after people who have been seriously ill. They will be more than happy to answer any queries or concerns, so feel free to ask them about any of these.

Remember you are taking a step nearer to going home

Breathing

You may experience periods of breathlessness that you can't 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 this with the nursing / medical staff, or the physiotherapy on your ward. Also if you start to cough and produce phlegm please ensure the nursing staff are made aware as a sample may need to be sent to the laboratory to rule out an infection.

Mobility

During your stay on Critical care you will probably have lost some weight, your muscles may be weak and your joints may be stiff from resting in bed.

This could last for some time, several weeks or months, but it will improve slowly as you increase your general levels of activity again.

You may experience difficulty in doing small things i.e. writing, fastening buttons when dressing or holding objects and even opening an envelope may prove difficult. We call it co coordinating your fine movements.

You may experience generalised aches and discomfort, possibly more noticeable after rest. This is just your body readjusting itself and this may continue after discharge from hospital.

Remember how weak you felt last week as opposed to this week. It is in such a way your recovery will continue slowly

The physiotherapist, who will treat you on the ward, will give you an individual assessment depending on your needs. Then the treatment will be decided upon, which may consist of simple exercises.

If this does not occur and you would benefit from these please speak to the physiotherapist treating you on the ward.

Many months after you illness, you may experience extreme tiredness compared to before your illness, everybody takes varying times to recover from periods of ill health. You will need to work within your own limitations and will power.

Setting small targets for achievement in the short-term will help you to achieve any long term goals you set yourself.

Remember listen to your body and aim for short term goals as opposed to long term goals.

Eating and Drinking

You may notice changes in your appetite that is affecting your ability to eat and drink. This may include:

Thirst

Unless you are restricted with your fluid intake, drinking will ease the discomfort

Altered Taste

Not being able to taste food or food tasting very different i.e. peppery and salty or sweeter than usual.

The taste changes are only temporary so it is best to concentrate on foods that you do like and leave those that you don't. Try them again a few weeks later when your taste may have returned to normal.

If your appetite is poor then small nourishing meals with snacks in-between are easier to take. If you do have concerns about your appetite, then discuss with the nursing staff on the ward who need to refer you to the dietician.

No appetite

Even food that you normally like, you may not want.

If you wear dentures then you may find, the loss of weight to your body has also been lost in your gums, which may have shrunk, causing your dentures to rub, which may irritate your gums. Thus eating food may prove too difficult.

It is suggested that a suitable adhesive be used as recommended by your Chemist or Dentist, until you are well enough to visit the Dentist on leaving hospital.

You may be aware that your toilet habits have changed!

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; be sure to let the Nursing staff on the ward be aware of your concerns.

You will probably only need dietary advice or maybe some medication to relieve the discomfort.

However, sometimes this may be infective diarrhoea which will need to be identified as such treated asap in order for the symptoms to resolve.

Changes in your appearance and senses

These changes may occur after being seriously ill but should only be temporary. If however, symptoms persist or you are concerned then please discuss this with your Doctor on the ward.

Hearing

You may notice changes in your hearing. This may vary from slight hearing loss to your hearing becoming more acute. Also sometimes your sense of balance may be affected and you may experience dizzy periods. Please seek Doctors advice should this continue.

Eyes

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

Hair

You may experience hair loss and changes in the quality of your hair as a result of being ill. It may take up to a year to recover. Tell your hairdresser if you are having this problem. They will advise you on how to improve your hair condition and which colours or perms to use or not.

Skin

The texture of your skin may change. It is quite common to find that your skin has become much dryer than before, regular moisturising will help. You may also notice some scars that you feel are unsightly; eventually these will fade and won't seem as obvious.

After a serious illness you may have lost a lot of weight all over your body whilst other areas look swollen and scarred, try not to be concerned and dress for comfort during your recovery.

The scarred areas, which may seem obvious at first, will fade to your normal skin colour. Exercise and a sensible diet will help restore your weight and shape.

Voice

Your voice may have become husky or weak. This may be the result of being on a breathing machine or of having a tracheotomy. This should return to normal over a period of time if it does not then please discuss with the medical team.

Sleep

It is not uncommon to experience changes in your normal sleeping routine. This can range from:

- The ability to sleep during the day but not at night
- The ability to fall asleep, but not stay asleep
- Disturbing dreams or nightmares
- Not being able to go to sleep at all, but feeling completely exhausted.

This is quite a normal experience after being seriously ill and most people find that as their daytime activity increases, their quality of sleep improves. Finally, the most important thing is not to worry about the lack of sleep as it will do you no harm in the short term.

If you are having problems with nightmares then it may be helpful to discuss this with your family and friends. However if they are troublesome it may be worth talking to the follow up nurse from Critical Care or the medical staff or another member of the nursing team of your choice.

Please do not be embarrassed by these memories as often some can be explained and more often than not they do resolve and if they do not then we can access the assistance of our clinical psychologist to offer strategies to keep these memories from intruding into your daily thoughts.

To help you sleep

- Milky drinks at bed time will help you sleep, but avoid stimulants i.e. tea or coffee
- Use relaxation tapes or music of your choice
- Use ear plug to block out the ward noises
- Eye covers will assist to block disturbing lights

To allow your normal sleep pattern to return it is advised that you get up each morning at a set time. Try to avoid cat napping during the day - not always achievable when within immediate discharge to the wards. This may help improve the quality of your sleep at tonight.

Changes in mood

Many patients experience fluctuating moods, one day up and the next feeling down. You may also feel very irritable and emotional. This is a normal reaction, and is part of the process of accepting that you have been seriously ill. You may find it helpful to share your thoughts and feelings with someone of your choice or even keep a personal log of these.

You may become frustrated with your progress, which seems far too slow, but remember you've been very ill and your body needs time to recover. It is important to be realistic in what to expect during your recovery and to set goals in the short term, which are achievable.

It will feel good to do something good you have planned but you do need to pace your activities so that you do not over tire yourself and thus not enjoy the activities you would like to the most.

The ability to concentrate on even the smallest tasks or make the simplest of decision 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 please contact the Critical Care secretary on the number provided to co ordinate the Critical care follow up team contacting you regarding this.

Your family & relationships

Your family and friends will be delighted that you are getting better but they can be over protective. You have to remember that they have been through a difficult time - of which you may remember very little.

This may lead to a conflict with your family / partner, as your experiences have been different. Again it needs both parties concerned to talk about these fears and possible adjustments and compromises made.

Many patients and partners are frightened to resume a loving relationship for fear of harming themselves or their partner, by talking to each other about these fears, it may help to resolve any difficulties you experience.

It is common after illness to reduce your sex drive initially, but as you become stronger normal feelings should return again if this is not happening then please discuss with your GP. Or alternatively with our clinical psychologist at the out patients appointment following your discharge from hospital.

Going home

Once at home you may find that the first few weeks euphoric but this may fade, this is to be expected. Soon you will find that you are getting stronger week by week.

As time goes on the rate in which you improve will slow down. It doesn't stop but it may be harder to see it happening.

**Remember
Be patient - you are
not alone**

Once at home you may find it helpful to have your GP's telephone number at hand and a family member should you have any problems.

Also you may contact via the Critical care secretaries the Critical care follow up team who will get back to you at the earliest opportunity.

Telephone number:

 **0161 206 4718**

Follow up Clinic

This is offered to patients who have been in the Critical Care unit for several days excluding neuro surgical patients as they have their own neurological pathway of rehabilitation.

This gives us the chance to check on your recovery and gives you the opportunity to discuss any worries or concerns that you may have regarding either your time on the Critical care unit - to your recovery from illness.

This is normally 3 months following discharge from Critical Care however, if you or your family think you may benefit from an earlier appointment or have a particular concern in relation to your ICU stay or your recovery please contact the above number and the ICU secretary will arrange for a member of the Critical Care follow up team to speak to you or an earlier appointment can be made for you.

Useful contact numbers:

Critical Care Unit

 **0161 206 5045**

Critical Care Unit Secretary

 **0161 206 4718**

Chaplaincy & Spiritual Care

 **0161 206 5167**

Basic -Brain Injury & Spinal injury Centre

 **0161 707 6441**

Websites

 www.icusteps.com

 www.headway.org.uk

 www.basiccharity.org.uk

© G18113002W. Design Services
Salford Royal NHS Foundation Trust
All Rights Reserved 2018
This document **MUST NOT** be photocopied

Information Leaflet Control Policy:

Unique Identifier: CS88(18)
Review Date: December 2020

Salford Royal 
NHS Foundation Trust

University Teaching Trust

safe • clean • personal

For further information on this leaflet, it's references and sources used, please contact **0161 206 5045**.

Copies of this leaflet are available in other formats (for example, large print or easyread) upon request. Alternative formats may also be available via www.srft.nhs.uk/for-patients/patient-leaflets/

In accordance with the Equality Act we will make reasonable adjustments to enable individuals with disabilities to access this service. Please contact the service/clinic you are attending by phone or email prior to your appointment to discuss your requirements.

Interpreters are available for both verbal and non-verbal (e.g. British Sign Language) languages, on request. Please contact the service/clinic you are visiting to request this.

If you need this information leaflet translated, please telephone:

Polish

Jeżeli potrzebne jest Państwu to tłumaczenie, proszę zadzwonić pod numer.

Urdu

اگر آپ کو اس ترجمانی کی ضرورت ہے تو مہربانی کر کے فون کریں۔

Arabic

إذا كنتم بحاجة إلى تفسير أو ترجمة هذا الرجاء الاتصال

Chinese

如果需要翻译，请拨打电话

Farsi

اگر به ترجمه این نیاز دارید ، لطفاً تلفن کنید

0161 206 0224

or Email:

InterpretationandTrans@srft.nhs.uk

Under the Human Tissue Act 2004, consent will not be required from living patients from whom tissue has been taken for diagnosis or testing to use any left over tissue for the following purposes: clinical audit, education or training relating to human health, performance assessment, public health monitoring and quality assurance.

If you object to your tissue being used for any of the above purposes, please inform a member of staff immediately.

Salford Royal operates a smoke-free policy.

For advice on stopping smoking contact the Hospital Specialist Stop Smoking Service on 0161 206 1779

This is a teaching hospital which plays an important role in the training of future doctors. The part patients play in this process is essential to make sure that we produce the right quality doctors for all of our futures. If at any time you would prefer not to have students present please inform the doctor or nurses and this will not affect your care in anyway.

Salford Royal NHS Foundation Trust
Stott Lane, Salford,
Manchester, M6 8HD
Telephone 0161 789 7373
www.srft.nhs.uk

If you would like to become a Foundation Trust Member please visit:
www.srft.nhs.uk/for-members

If you have any suggestions as to how this document could be improved in the future then please visit:
<http://www.srft.nhs.uk/for-patients>