

Planned Treatment

in an Intensive Care Unit

Some people will go to an Intensive Care Unit (ICU) after having surgery. This information sheet tells you more about what it's like to be a patient in ICU.



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Introduction

After some operations, patients need to be looked after in a ward where they can be closely monitored by doctors and nurses. This might be in an Intensive Care Unit (also known as a Critical Care Unit), a High Dependency unit, a Surgical Intensive Recovery Unit or in a ward that is for patients who have had specific operations, such as on their heart. This information sheet will talk about Intensive Care Units but the information may help patients in these other units too. Treatment in these wards will be planned and it will be discussed with patients before their operation. Sometimes patients may only need a short time in these wards (perhaps just for one night) but sometimes they need to stay for a longer time.

Why do I need to go to intensive care?

Your medical team believe that the best place for you to be after surgery is in an ICU. This is because patients in intensive care have closer monitoring than on other wards (for example, nurses will look after only one or two patients at a time). You can also have treatments in the ICU which cannot be given in other wards in the hospital.

Who will look after me on the Unit?

The unit is run by Consultant Intensivists, who lead a team of doctors. The consultants and doctors meet often to discuss each patient. If you or your relatives wish to speak to a doctor, you can ask your nurse to organise this. Your surgeon will usually come to the ICU to check on you.

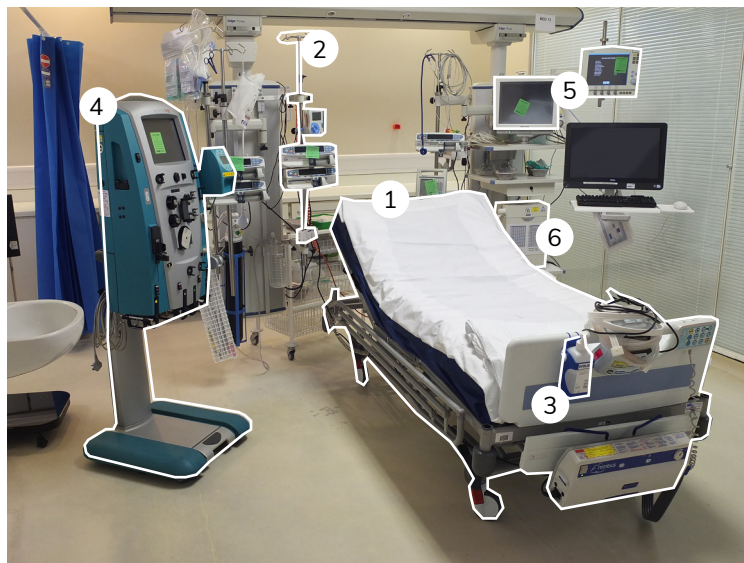
You will mainly be looked after by nurses and healthcare assistants but there are also many different healthcare professionals who will see you as well such as physiotherapists, occupational therapists, dieticians, pharmacists (to look at the medication you need). Physiotherapists will begin to work with you to help your recovery. For more information, see: icusteps.org/guide/your-time-in-icu .

Who else will be in the ICU?

There will be men and women in the ICU. Medical staff will put the curtains round your bed if they are giving you any treatment or if you need some privacy.

Will I be connected to any machines in the intensive care unit?

You will be attached to a machine called a monitor. There will be pads on your chest (called electrodes) for your heart rate and a pulse oximeter (which is like a white clip) on your finger to measure oxygen. This means that nurses will not have to disturb you by doing other tests to get this information.



1. Bed 2. Drop Stand 3. Hand Gel 4. Kidney Machine
5. Monitors 6. Ventilator

Monitors are fitted with alarms that will make a sound to let staff know that they need to come over to you. It does not mean that anything is wrong, only that something has changed, for example you might need a new bag of fluid attached to your infusion pump.

You will have a small plastic tube which is put into a vein in your arm or neck. These are called intravenous or central venous lines (but can be called 'a drip') and they will be connected to a machine called an Infusion Pump. Nurses will give you fluids, medication or liquid food through these tubes, so that you do not have to swallow them. These fluids will be in bags that are usually on a pole next to your bed.

You may have an arterial line, this is usually put in your wrist, arm or groin. This is a thin tube that is put into an artery (arteries are blood vessels that delivers

oxygen around your body). This means that nurses can monitor your blood pressure regularly, rather than putting a blood pressure cuff round your arm to test it. If nurses need to take a blood sample to test, they can do it through this line. This means they don't have to put a needle into your arm each time they need to do a blood test. Having an arterial line is a normal part of ICU care, and most people find them painless.

You may need a urinary catheter. This is a small tube which drains urine from your bladder and also allows the staff to check your fluid levels. Most people cannot feel the catheter once it is in place.

How will I eat in intensive care?

If you are unable to eat food, you will be given liquid food by a nasogastric tube, which is put through your nose to your stomach. You won't be able to feel the tube once it's in place. A dietician will work with you if you have extra nutritional needs.

Will I need help with my breathing?

You may need some oxygen after your operation, and this can be given either through a mask or a small tube under your nose.

Sometimes patients need extra help with their breathing from a machine called a ventilator.

If you use a CPAP (Continuous Positive Airway Pressure) ventilator machine at home to help with your breathing, do let your doctor know. You may be asked to bring the machine with you to use while staying in hospital.

Will I be in pain?

You will have medication to help with pain through the intravenous lines (the small plastic tubes that are put into your body and attached to the infusion pump, called a drip). You will be closely monitored for signs of pain.

What might it be like when I'm in ICU?

You may be sedated (kept asleep) when you first get to ICU to allow your body to rest and begin to recover.

If you have a breathing tube or mask to give you oxygen, you may not be able to speak when you first wake up after the operation. Staff will help you

communicate in different ways. They might ask you questions and ask you to squeeze their hand to reply, or point to pictures or letters, or write things down if you feel able to do that.

“Sometimes you can feel very confused when you first wake up in ICU after an operation.”

Sometimes you can feel very confused when you first wake up in ICU after an operation. You might not understand where you are. Sometimes people have delirium. This is the name for acute confusion. It is sometimes described as vivid dreams or like being in a nightmare, and feel like you are seeing, hearing or feeling things that are not happening. It feels very real though and can be very frightening. Delirium usually gets better as you begin to get better. To find out more about this, see ICUsteps *Delirium* information sheet icusteps.org/guide

It can be hard to sleep well in an Intensive Care Unit – you may feel uncomfortable and it can be noisy during the night (from the machines in the unit and doctors and nurses looking after other patients) and there will be lights on in the unit. You might want to pack an eye-mask and ear plugs to help with this.

ICU has one nurse to one or two patients, so they will be nearby and checking that you are ok and will do everything they can to keep you comfortable.

What should I take with me when I go to ICU?

The ICU will have most of the essential items that you will need during your stay in intensive care. There isn't much space around the bed, so it's a good idea not to bring too much with you.

You will need to bring some clothes. You may also want to bring your own wash bag, with items such as:

- Toothbrush and toothpaste
- Liquid soap or shower gel
- Comb or hairbrush
- Any other personal toiletries you may normally use
- Aerosol deodorants rather than roll-on varieties (due to infection control)
- Razor - if electric please make sure it is fully charged
- Eye mask and ear plugs to help you sleep

Towels will be provided for you.

Do bring any personal items you need such as dentures, spectacles and hearing aids but it is best not to bring in any valuable items such as money or jewellery.

When can friends or family visit me?

“You may want a family member to be the main contact for the hospital”

You can ask what the visiting hours and policy is for your hospital’s ICU.

Visitors usually need to press a bell at the door of the ICU, and then there may be a short wait until a staff member is free to let them in. If you are having

treatment when they arrive, they may be asked to wait in the relative room before they can come to see you. Usually only two relatives are allowed by the bedside at one time.

Your visitors will be asked to use hand gel as it’s important they don’t pass on any infection. This gel is at the entrance of the unit and at each bed space. They will be asked to use it before they come onto the unit and when they leave.

Your family can telephone the unit for information if they are unable to visit. Staff may only be able to give information out to close family though. ICU staff will be busy looking after patients, so to save them having lots of calls from different people, you may want to ask someone to be the main contact for the hospital. This person can then send emails or texts out to friends and family to give them updates about how you are.

What might it be like for my relatives when they visit me?

Sometimes seeing a patient for the first time in ICU can be upsetting. Patients are likely to be connected to a number of machines and drips and might look different from how they normally look.

Your visitors will not be able to bring in any fresh flowers or plants (as they are an infection risk).

“If the child decides they want to go into the ICU, prepare them for what they might see”

Can children visit the ICU?

If you have children in your family who would like to visit you, you should check with staff before bringing children to the unit and also talk to the child about it. It can be difficult to judge whether it is better for a child to see or not to see their relative in the ICU, and it will need some careful thinking about and discussion with the child.

If the child decides they want to go into the ICU, prepare them for what they might see, including the machines and medical equipment, and how the patient might look.

ICUsteps have an information and activity book for young children visiting ICU which is called *Visiting the Intensive Care Unit* and a parent and carer information sheet [icusteps.org/guide](https://www.icusteps.org/guide)

Who can I speak to if I have questions about ICU?

If you would like more information about being a patient in an ICU, you can call the unit and ask to speak to the nurse in charge.

Can I visit the ICU before my operation?

It might be possible for you to go and see the ICU before you have treatment there. You can ask your medical team if this is possible, or phone the unit and ask if you are able to visit. If it is possible, you may like to bring a family member or friend with you.

You can look at the hospital website because they may have more information about the ICU there.

More information

The NHS website has more information about intensive care:

<https://www.nhs.uk/conditions/intensive-care/>

This information sheet is written by Catherine White, Information Manager, ICUsteps and Jane-Marie Hamill, Clinical Nurse Lead, Chelsea & Westminster Hospital Foundation NHS Trust. It is based on an information sheet by Chelsea & Westminster Hospital Foundation NHS Trust.

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