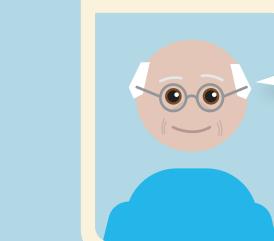
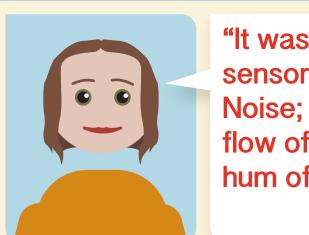


write things down & use



"I was worried about my wife wher I was ill; about her coping and having



"It was like complete

about the patients life before their illness

Tell staff about the person's life before critical illness - it helps them deliver person-centred care



"Critical illness . . . - Interrupts your daily life - Separates you from your loved ones and the things that matter to you Changes the whole of the rest of your life"



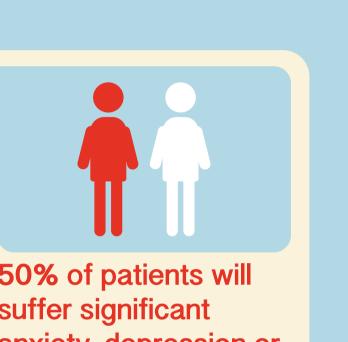
"Critical illness...

- Brought constant discomfort and pain

- Made me worry about my future"

"At times I lost all hope

post-traumatic stress disorder



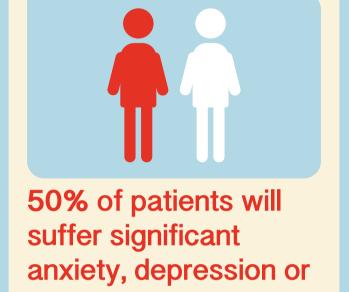


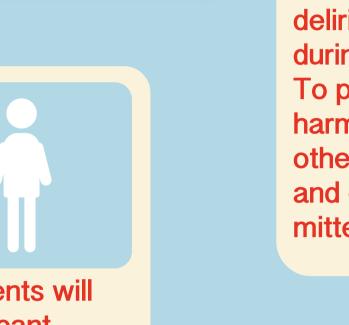
65% will experience delirium and hallucinations during their critical illness.

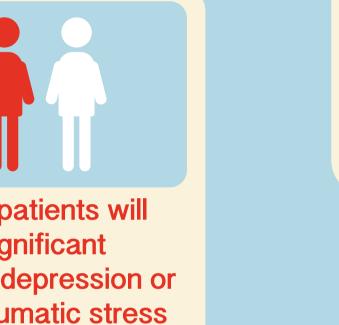


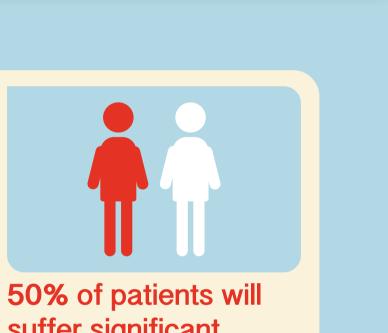
others constant supervision

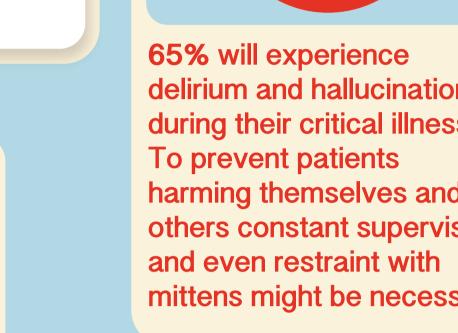


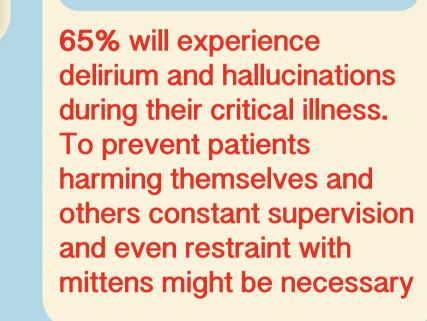


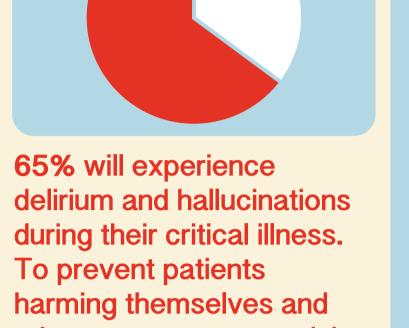










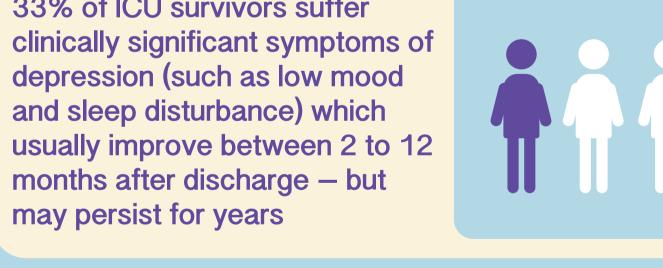


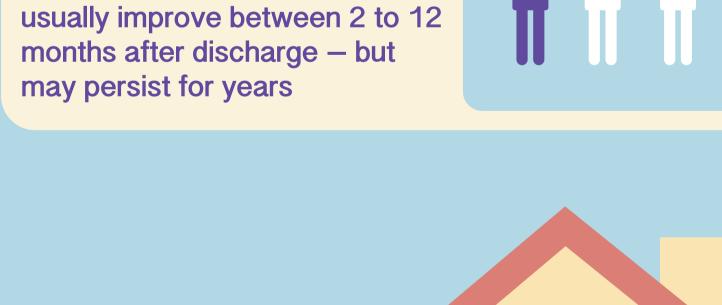
Planned admission to critical care

Admission to critical care (for example following a planned operation) often takes place even though the patient is not critically ill. However, there may be a serious risk of complications. In this case critical care admission allows close monitoring, prevention and treatment.

Patients who have access to a diary of the events during their critical illness and recovery have significantly lower levels of post-traumatic stress disorder. (please ask staff about keeping a diary)

33% of ICU survivors suffer clinically significant symptoms of depression (such as low mood





Non-clinical support staff

clerks, house keepers

cleaners, porters

Includes: receptionists, ward

help with respiratory function



Speech therapists

elp patients learn to swallov

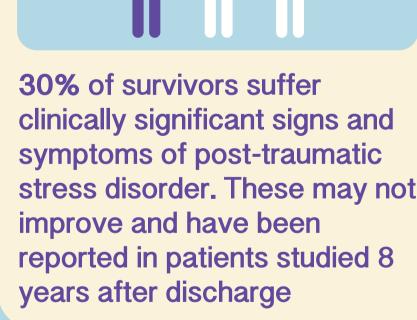
Clinical support staff

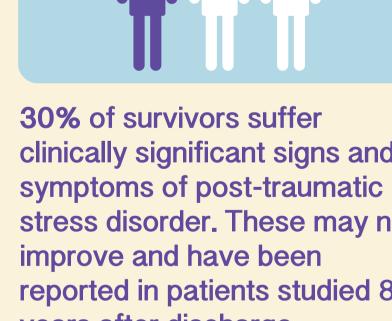
Assist and work with nurs

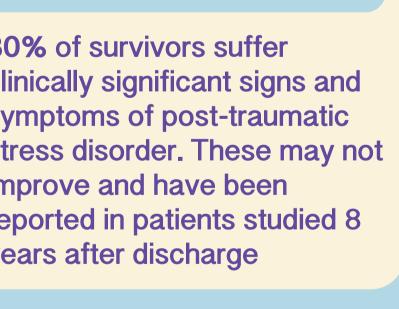
changed or removed

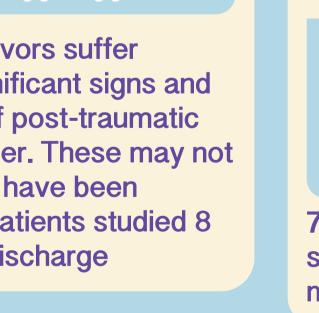












Other specialist doctors, therapists and nurses

Offer very specialist advice and expertise to

icines needed and make

ure they are delivered safely

treat the patient and minimise

port the critical care team

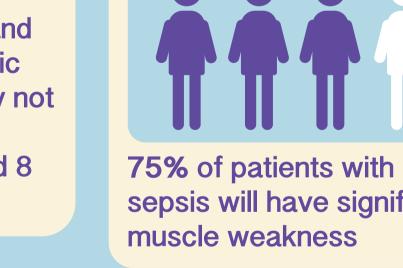
Pharmacists

A large number of patients

experiencing critical illness will

not regain their previous level

of health (long term problems





significant muscle weakness

Active or passive exercise begun early in

Specialist critical care nurses

onitor patients, administer and

valuate treatment; help meet the

he patient & support families

Teachers and Learners in critical care

expert - supervising others

Some staff will be very experienced and

ome staff will be learners in training roles

vsical and emotional needs of

and failing organs need support. Chances of survival depend on many factors. If you want more information - discuss this with the critical care staff.

Critical illness means that life is in danger

Survival from critical illness

medical problems and care needs.

- Can occur after major trauma

ssess nutrition and advise on

tificial feed when patients can't

Specialist critical care doctors

Examine patients regularly

and order tests, treatments

and perform procedures

hich foods to eat or prescribe

possible about their medication, existing

The core values of our staff:

understand and cope with the situation

and treat them as an individual

- We will deliver compassionate care

name is"

- We will always introduce ourselves - saying "Hello my

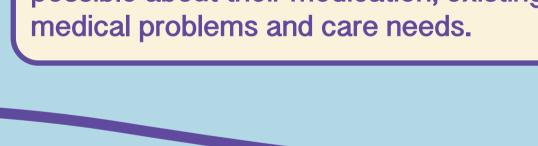
- We will look beyond the patient and the disease and, with

your help, try to get to know the person we are caring for

- We will listen to your concerns and always try to learn from

mistakes and do better if you think we haven't got

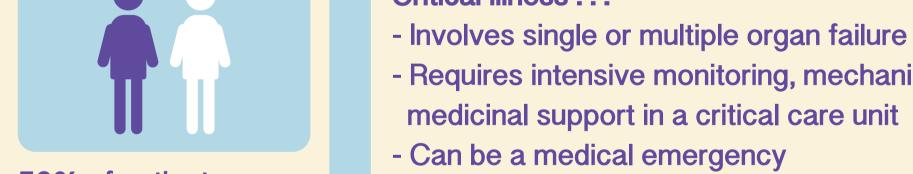
- We will try to give you all the information you need to



Critical illness.

Dietitians

eat food

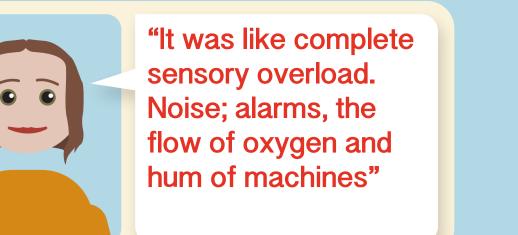


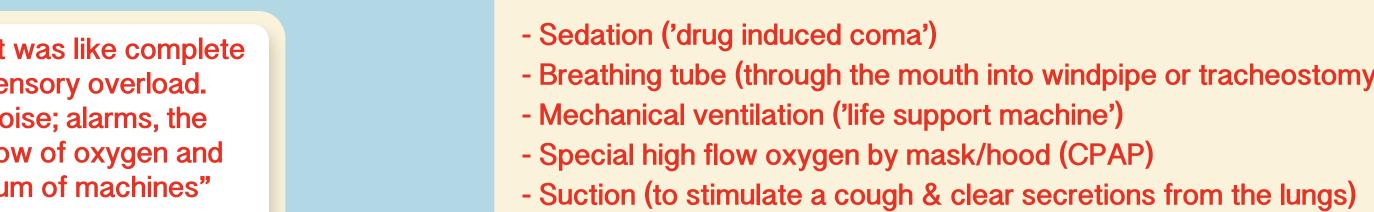
50% of patients mechanically ventilated for 4 - 7 days will have

critical illness significantly reduces muscle weakness and increases functional status at hospital discharge

Noise; alarms, the flow of oxygen and

hum of machines"





- Pain control

they are recovering

'Weaning' - gradual reduction breathing support

for blood pressure measurement and blood sampling

- Kidney machine / dialysis - to filter blood

Critical care treatments

- Intravenous fluid and medication ('drips' via 'lines' or cannulas)

- 'Central line' - a cannula inserted into a large vein - usually in the

- Artificial feeding via naso-gastric tube ('stomach tube' or 'drips')

- Repositioning to prevent skin sores and promote lung health

- A catheter (tube) into the bladder to drain and monitor urine

- Monitors to measure blood pressure, blood oxygen levels and heart

Frequent blood tests to monitor how well organs are working and if

- 'Arterial line' - a cannula inserted into an artery - usually at the wrist -



When a loved one is critically ill you may experience a range of feelings, such as: - Fear of loss

Family and friends of patients who have

lessons, such as:

Visiting for too long can be tiring for

patient and family

Wanting to be

physical care

function and return to

on a life support machine

such as infections and

n a QR code*- scan me

- Take one day at a time

- Eat healthily and regularly

- Take good care of your health

- Visit your GP if you feel unwell

'burn-out'

experienced critical illness have learned valuable

- Its a long road - try to avoid 'self-neglect' and

- Allow yourself time away from the hospital to

- Talk to people about how you are feeling

- Feel comfortable to ask staff questions

- Go to bed and rest as much as possible at night

33% of family members have symptoms of

disorder 90 days after the patient is discharged

from or dies in critical





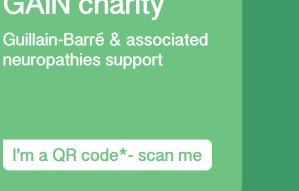




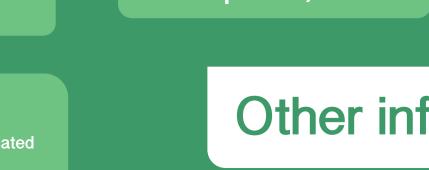








Patient diary – ask staff



(see link via QR co

ecialist charities and

nisations (see links via

Discharge will be

planned to ensure

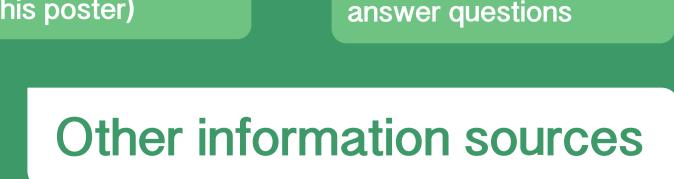
The GP / family doctor

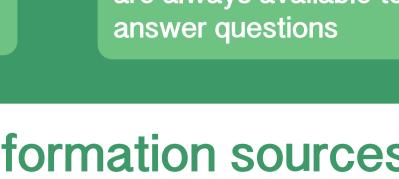
seem to be getting better

can be very helpful with

ongoing recovery and

problems that do not

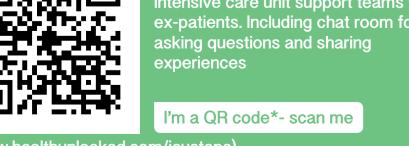






Other 'expert patients'.

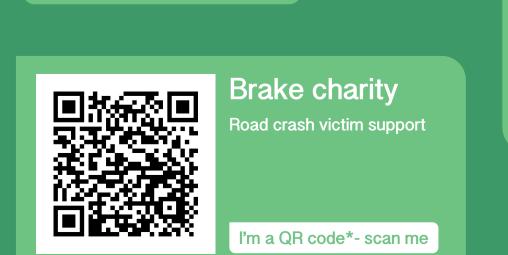
Ask staff about these



Internet web pages & documents

(see links via QR codes on this









doctors sometimes make the decision that resuscitation will not be attempted. This is because it is futile and undignified 33% of family members When organ or tissue donation may - Difficulty coping with uncertainty Critical Care Network experience symptoms of be possible a Specialist Nurse w - Need for regular, repeated, verbal and w approach family members to discuss depression after Sadly, some patients information about what to expect discharge will not survive their critical illness Family, friends and healthcare professionals provide valuable lood and transp Some patients tell us they do support when a loved one is not want treatment that may critically ill save their life. Some ask that, their heart stops, we do not resuscitate them. We must do not agree with it personally We acknowledge how We will strive to ensure devastating the loss of a loved family and friends can

50% of bereaved

a QR code*- scan me

persist for 4 years or more

Family and friends should take each day of the journey one step at a time.

70% of family members of experience

symptoms of anxiety

after discharge.











Is a positive step in the recovery process & promotes

problems dealt

Is a step down from the level

with by clinica

There are far fewer nurses and with the same urgency as in critical

Patients should keep active but not push too hard or over-tir Some patients will never themselves as it return home and need may affect their long-term care recovery

illness and treatment

t is a good idea to

The other information sources on this poster

depressed and frustrated

with their recovery

It is useful to attend

follow-up/support group as others

after discharge.

Some patients never

regain their previous level of health and

50% of survivors still require

caregiver assistance one year

The support required may range from assistance with activities

of daily living to full care

functioning

75% of survivors with severe lung inflammation experience mental impairment at hospital discharge. These impairments are still present 1 year later in 46% and 6 years later

Sometimes, after every effort has been made In the final hours of We will strive to ensure

spend time with their loved

patient will never die alone

In survivors more than 65

years old who had severe

impairment lasts up to 8

50% of survivors

with severe lung

inflammation aged

around 45 years had

sepsis, cognitive

one in the final days and

hours of life and that a

means a patient will die a natural death

one can be and we will support

families through this difficult

despite our best efforts. In this situation

will still have some

Ask staff for further details

& see information posters

report lower quality of life,

especially in the physical

improve slowly and can

domains. Quality of life can

return to normal or baseline

patients die a dignified

death free from pain

prolonging inevitable and discomfort



70% of mechanically

Long-term recovery can

Mental function improves in many after

their previous level of mental function

discharge, but some will not regain

For more information on long

information sources included

term recovery, see other

in this poster

last months to years

Potential cognitive impairments include problems with

memory, attention, mental processing speed, planning

problem solving, and visual-spatial awareness.



Patients are invited to attend

and their families with long term recovery

others who have had simila

Is a useful source of

support after discharge

50% of patients have

ICU discharge

mental impairment after

Only 10% of survivors

who received prolonge

mechanical ventilation

year after discharge

Patient diaries are an

invaluable resource whe

patients are trying to make

sense of their experience

Welcome

codes on this poster) something right eing supervised by experienced staff

Can last for many months

mental health and hope

of recovery