

This book has been produced by BrakeCare, a division of Brake, the road safety charity. This book is appropriate for anyone with a loved one in an ICU, not just road crash victims.



**BrakeCare**
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Introduction

This book aims to give simple, practical information to people whose loved one is suddenly taken to hospital and admitted to an intensive care unit (ICU).

You may feel very shocked and confused at this time. Hospitals and their procedures are unfamiliar to most of us.

This book explains what happens in an ICU. It is a general guide only and is designed to supplement the information you will be given by hospital staff. Each hospital varies slightly in its set-up and procedures. Do not be afraid to ask staff questions - they will be happy to help you.

Not all the information in this booklet will be relevant to you and your loved one. It is unlikely that you will need to read all of this book. Keep it nearby so you can refer to it if you need to. The contents list on the next page and the index on pages 39-40 may be helpful.

At the back of this book (on pages 27 to 38) there are details for organisations you may wish to contact. Some of the organisations may be useful now, while others may be useful in future weeks.



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Emergency admission to hospital

A seriously ill or injured person is usually taken to the accident and emergency department of a hospital by ambulance. They are taken to the nearest hospital with the most appropriate facilities.

On arrival, a patient is taken to an area sometimes called the *resuscitation room*. This does not necessarily mean that your loved one needs to be resuscitated. A standard assessment, which checks a patient's airway, breathing and circulation, is carried out, along with any necessary further examinations and treatment.

There is always an accident and emergency doctor and a senior nurse in the resuscitation room. Further staff will help as required.

If a patient needs an operation urgently they may go straight to the *operating theatre*.

If a patient is in a very serious condition, possibly life-threatening, they are often taken to an intensive care unit.

You may have arrived at the hospital while the assessment of your loved one's condition was taking place. Time can pass very slowly when waiting for news. Family and friends are usually shown to a waiting room and informed of what is happening as soon as possible.



Intensive care units

What is an intensive care unit?

Patients whose conditions are life-threatening, either through serious injury or illness, need constant, close monitoring. They often need equipment and medicine to support normal bodily functions. This care is provided in an intensive care unit (ICU) which is sometimes called an *intensive therapy unit* or a *critical care unit*. Each ICU is run by a senior nurse who manages an ICU team. There are more nurses than on an ordinary ward.

Some hospitals have separate departments for people with particular problems. Occasionally it is necessary to move a patient to a unit in another hospital to provide specialist care.

The length of time patients stay in an ICU depends on the extent of their illness or injuries. Some patients recover fairly quickly, others may remain in the ICU for weeks. Recovery is not possible in all cases and sometimes a patient dies.

What happens when a patient is taken to an ICU?

When a patient is brought to an ICU it can take more than an hour for the doctors and nurses to assess the patient's condition, make them as comfortable as possible and attach them to the necessary equipment.

It is normal to have to wait during this time. This can be frustrating but it is important that the ICU staff stabilise the patient's condition. A member of staff will explain what is happening as soon as possible.



Visiting an intensive care unit

What an ICU looks like

ICUs can vary in size. They may be small with four to six beds or they may be larger with twelve or more beds. ICUs do not have separate male and female sections but efforts are made to ensure that privacy and dignity are maintained.

Entering an ICU

To enter an ICU you may need to press a buzzer and speak to a receptionist or nurse on an intercom. Some ICUs have a reception desk near the entrance. Unless you are told otherwise, you should always check with a member of staff before entering.

When you enter an ICU, you may be asked to wash your hands and you may need to wear a facemask to prevent the spread of germs.

Is an ICU noisy?

The noise levels in an ICU can vary but it can be quite noisy, especially during the day. There may be beeping noises from equipment and even an occasional alarm sound. This is normal and does not necessarily mean something is wrong.

Intensive care units may be found in hospital buildings that are old or new. The age of the building has no bearing on standard of care, which should be uniformly high.



Will I recognise my loved one?

Your loved one may look very different from the last time you saw them. Their body may be bruised or swollen if they have suffered injuries. They may be attached to lots of equipment. The ICU staff will be able to tell you what to expect.

Can I touch my loved one?

Tubes and wires often surround a patient in an ICU. It is usually possible to touch your loved one but it is a good idea to check with a nurse first.

Can I talk to my loved one?

Patients in ICUs are often unconscious, at least during the early part of their treatment. This is often because they are being given drugs to make them sleepy and comfortable. Patients who are conscious may appear sleepy or confused.

A patient may be able to hear even if they cannot respond. Nursing and medical staff usually talk to unconscious patients to tell them what is happening. Feel free to talk to your loved one and let them know you are there.

It is normal to feel upset at seeing someone you love in an ICU. It is understandable if you experience strong emotions or find it hard to cope. The staff are there to answer any questions you may have. You may find it helpful to have someone with you who can offer you support.



What does all the equipment do?

Equipment surrounding a patient is usually there for two reasons: to support the patient's normal bodily functions (*life support*) and to monitor the patient's condition. This section explains this equipment.

1 Equipment that supports a patient's normal bodily functions (*life support*):

Breathing equipment

A *ventilator* is a machine that assists a patient's breathing. A tube is inserted through either the patient's nose or mouth and into the windpipe. The tube, which is known as an *endotracheal tube* (or *ET tube*), is connected to a machine that blows air and extra oxygen in and out of the lungs. The machine can 'breathe' completely for a patient or it can be set to assist a patient's breathing. A patient can be weaned off a ventilator gradually if their condition improves.

If a patient is likely to remain on a ventilator for more than a few days, the endotracheal tube in their mouth is sometimes replaced with a *tracheostomy* (or *trachy*). In this case, an operation is carried out to insert a tube into a hole that is made in the throat. Although this can look rather strange, it is actually quite comfortable for the patient compared to having a tube in their mouth. A patient will not usually be able to speak while the tracheostomy is in place.

Most patients in an ICU require extra oxygen. This may be given through a ventilator or sometimes through a mask over the nose and mouth. In some cases, the mask can be removed for brief periods.



Equipment for fluids

Patients are attached to *drips* that allow liquids to be passed through tubes into veins, usually in the side of the neck, arm or hand. These are sometimes also called *central lines*. There are various substances commonly used in drips.

Blood may be needed by a patient. The amount of blood a patient is given is carefully monitored. Blood is obtained from a blood bank in the hospital which constantly replaces its stocks. The blood will have been screened to ensure it is safe for your loved one. Blood is made up of several substances, for example *plasma* and *platelets*, which can be given to a patient separately if needed.

Drugs are often given to patients through a drip. Details of some of the drugs used are on page 14. A pump is attached to the drip to administer the drugs at the right rate.

Fluids, such as saline (a solution of water and salt), can be used in drips for various purposes including re-hydration and maintenance of blood pressure.

Food in the form of a liquid containing essential nutrients can be given either through the nose via a tube that goes down into the stomach or through a drip.

Tubes that drain waste fluid, such as urine, from different areas of the body can also often be seen around a patient.

Kidney equipment

If a patient's kidneys are working normally the nurses may need to measure how much urine is being produced every hour. To do this a *urinary catheter* is passed into the patient's bladder. You may see the tube attached to a bag at the side of the bed.



A *haemofilter* is used when a patient's kidneys are not functioning properly. It removes blood from a vein through a tube then pumps it through a filter to remove excess fluid and waste products. Once it is cleaned, the blood is returned to the patient. Haemofiltration may be done continuously or for several hours every day.

2 Equipment that monitors a patient's condition:

Equipment to monitor the heart

Patients are attached to a machine called a *cardiac monitor* that monitors their heart rate. Small sticky pads are placed on their chest and connected to a machine. The machine picks up electrical impulses from a patient's heart and can detect any abnormalities. The monitor may also show a patient's breathing rate, blood pressure and temperature. It is normal for the numbers shown on the monitor to keep changing and for the machine to make a variety of beeping noises. This does not necessarily mean something is wrong.

Equipment to monitor blood pressure

Patients often have a small tube called an *arterial line* inserted into an artery, usually at the wrist. This monitors blood pressure continuously.

Equipment to monitor head injuries

If a patient has a serious head injury it is important that further damage to the brain is prevented. It is essential that any brain swelling and increases in pressure are detected and treated promptly. A small pressure gauge may be inserted through the skull into a patient's brain to measure the pressure inside the skull. Although this may look alarming it does not cause the patient any pain.

You can ask ICU staff for a summary of your loved one's condition at any time.



The following investigation procedures are used if appropriate:

A *CAT scan* (Computerised Axial Tomography) may be taken.

A series of x-rays of the body or head are analysed by computer to show a patient's body as if it were a series of layers. This provides more information about any abnormalities.

An *MRI scan* (Magnetic Resonance Imaging) is used more rarely than a CAT scan. It is similar to a CAT scan but is sometimes needed to show finer detail.

Many people know that an *ultrasound scan* can be performed on a pregnant woman to see the baby. Ultrasound scans can also be used on areas of a patient's body to find out what is wrong. Gel is placed over the area to be scanned, often the heart or stomach area, and a probe is moved over it to produce a detailed picture on a monitor. An ultrasound scan of the heart is called an *echocardiogram*.

An *electrocardiogram* (ECG) measures the electrical activity of the heart. It records any problems with the heart's rhythm and monitors the heart's response to treatment.

An *electro-encephalogram* (EEG) can detect chemical changes and physical abnormalities in the brain. Sticky pads are placed on the head and attached to a machine which detects minute electrical impulses.

An *endoscopy* enables doctors to see inside a patient's body without an operation. Flexible tubes which transmit light are passed down the patient's throat to view a part of the body such as lungs or stomach.

Some investigations have to be done in another department, so your loved one may be moved temporarily from the ICU.



Who are the staff in an intensive care unit?

Staff in an ICU work as a team to care for patients. It is likely that you will meet many of the staff who look after your loved one.

The most senior doctor in an ICU is a *consultant*. Consultants specialise in a particular area of medicine. Many ICU doctors are called consultant *anaesthetists* or *intensivists*. Other specialist doctors will visit the ICU to advise on particular aspects of patient care.

Consultants are often assisted by other doctors called *registrars*, *fellows* or *senior house officers*.

A doctor will always be available to ensure that any change in a patient's condition is treated appropriately.

The senior nurse who co-ordinates the care in an ICU is called a *sister*, *ward manager* or *charge nurse*. Other nurses, who mostly look after individual patients' needs, are called *staff nurses*. In some ICUs a nurse is assigned to each patient as their *primary nurse* and spends the majority of their time looking after that patient. Sometimes there may be student nurses or specially-trained care assistants on the unit who work under close supervision.

Try to be patient. You may spend a lot of time waiting to see your loved one while the nursing and medical staff attend to them. The staff will let you be with your loved one as much as possible.



Staff who visit the intensive care unit

A *physiotherapist* visits the ICU every day. They may treat a patient's chest, depending on a patient's condition, to clear their lungs. Many patients are at risk from chest infections because their lungs are not functioning well enough to prevent a build-up of secretions. A physiotherapist removes secretions using a small suction tube passed down a patient's throat.

Physiotherapists are also involved in rehabilitating conscious, recovering patients by helping them gently exercise their limbs.

A *radiographer* takes x-rays of patients, either in the ICU using a portable x-ray machine or in a radiography department.

A radiographer also performs *ultrasound scans* (see page 10).

A *pharmacist* is involved in monitoring the effects of medicines on patients. Pharmacists also ensure that an ICU has sufficient supplies of necessary drugs.

A *dietician* ensures that each patient is receiving the appropriate type of food and is receiving enough calories and nutrients.

A *microbiologist* is involved in monitoring the risk of infection to ICU patients.

An *occupational therapist* is involved in aiding patients' physical recovery, both in hospital and, in some cases, at home when a patient has left hospital.

Patients in ICUs are very ill and their condition may change quickly. Information you receive may sound different on a daily basis. You may find it helpful to speak to the same doctor or nurse. Tell them if you are confused, or do not understand what is happening.



Operations

Sometimes a patient in an intensive care unit needs an operation to assist their recovery. Because patients in an ICU are very ill, there may be lengthy discussions between doctors over treatment and when particular operations should be carried out. Doctors must discuss the purpose, risks and possible outcome of surgery with a patient's loved ones.

The doctors who perform operations are *surgeons*. There are different kinds of surgeons:

A **general** surgeon operates on most of the major organs;

An **orthopaedic** surgeon operates on bones, muscles, tendons and the spine;

A **cardiac** surgeon operates on the heart and chest;

A **vascular** surgeon operates on blood vessels;

A **neurological** surgeon operates on the brain and spinal cord;

A **maxillo-facial** surgeon or **plastic** surgeon operates on the face.

During times of stress it is easy to forget things. You may find it helpful to write down questions that you want to ask the doctors or nurses. It can be helpful to have someone with you to remind you what was said.



Drugs used in an intensive care unit

Drugs are an essential part of the care provided in an ICU. The amount and type of drugs given to a patient will vary according to their condition and progress. ICU staff will explain your loved one's individual needs.

Drugs to stop the pain

Analgesics are commonly known as painkillers. The types of analgesics used in an ICU are powerful. They can make a conscious patient drowsy.

Drugs to keep a patient rested

Sedatives are used to keep a patient in a deep sleep or, in smaller doses, to keep a conscious patient calm. This makes them more tolerant of the tubes and equipment attached to them. Some sedatives cause patients to temporarily lose their short-term memory.

Drugs to keep a patient still

Sometimes additional drugs are given to a sedated patient to stop muscle movement and allow them to be attached more comfortably to breathing equipment. These drugs make a conscious patient seem unresponsive because the drugs prevent them from making facial expressions or moving their hands.

Drugs to help a patient's heart work more effectively

Inotropes are a group of powerful drugs (*adrenaline, noradrenaline, dobutamine and dopamine*) that help the heart work more effectively. They also maintain a patient's blood pressure.



Practicalities when visiting an intensive care unit

When can I visit?

Visiting hours are normally flexible for family and close friends. For safety reasons, ICUs usually restrict the number of visitors around a patient at any one time.

The best time for routine visiting is often the afternoon or early evening. Doctors' rounds and procedures such as x-rays are often carried out in the morning so you may be asked to leave your loved one's bedside temporarily at this time. Some hospitals have a quiet period for part of the afternoon to allow patients to rest. Too many visitors can be tiring for conscious patients.

Children

In the past, many hospitals felt that an ICU was an unsuitable place for children to visit. It is now thought that it may be more upsetting for children if they are not allowed in.

It can be a good idea to let children make their own choices about visiting. You can talk to children in your care and explain what they can expect to see in an ICU. The ICU staff can help you answer any questions that children may ask. You may be discouraged from taking a baby into an ICU, due to the risk of infection.

Telephoning the ICU

Relatives and friends may want to know your loved one's progress. It is helpful if only one person telephones the ICU for a daily update and then informs those concerned. This may not be possible in every situation but it does assist staff by saving them time which could otherwise be devoted to patient care. Detailed medical information is not normally given over the telephone.

Flowers and plants may not be allowed in an ICU as they can be a hazard to patients and electrical equipment.



Car parking and travel

Arrangements vary according to the hospital but parking can be difficult and expensive. It is always worth asking the hospital staff about the cheapest parking. The hospital should be able to give you information about public transport and taxis too.

You may be able to claim back parking or travel costs. Talk to the social work department of the hospital or the local benefits agency if you need to claim.

What kind of facilities will the hospital have for visitors?

Each hospital is different so you should ask the ICU staff about toilets, telephones, refreshment facilities and smoking areas.

It can be useful to have some change for a payphone - most hospitals do not allow the use of mobile phones to limit noise levels and because they can interfere with equipment.

Cafeterias may not be near the ICU and may have restricted opening times. If you are spending long periods of time at the hospital you may want to have some refreshments with you. Perhaps a friend can bring something in for you, such as sandwiches or a flask of soup. It is important to keep up your strength.

Can I stay overnight at the hospital?

It may be possible for you to stay at the hospital, but most have very limited facilities. There may be a visitors' room which can be used, but this is often only equipped with chairs. Ask the nurses if facilities are available because each hospital is different. Some hospitals may make a small charge for overnight accommodation. ICU staff may have information about accommodation near to the hospital.



Does a patient need any personal items in an ICU?

Although space for personal items is very limited, you may be asked to bring in some basic toiletries for your loved one. A nurse will tell you what is required but items may include toothpaste and toothbrush, shaving kit, liquid soap and hairbrush/comb. You may wish to include some aftershave or scent to dab on their skin. Items such as a tape or CD of their favourite music, or photos of their loved ones, may be a comfort to them.

Talking to others

Fear of the unknown can cause worry. Do not be afraid to ask the staff questions if something is bothering you. They may be busy but they will always find time to talk to you. Staff will be understanding if you are upset or worried about something and you may find it a relief to talk about your concerns.

It can be helpful to have someone to talk to about what you are going through. Friends and family can be a valuable source of support at this time. There may be a counsellor in the hospital who you can see or you may wish to speak to your own GP. The hospital chaplain can visit you if you wish or may be able to arrange for you to see a religious representative of a faith of your choice. The hospital chaplain can provide support to people of any faith or no faith.

Telephone numbers for national support organisations are listed on pages 27-38 of this booklet. The hospital social worker or chaplain may be able to give you information about local support groups.

Visiting an ICU can be very tiring. It is understandable to be worried about your loved one but it is important to take care of yourself. Try to rest as often as you can and attempt to get full nights' sleep rather than taking naps during the day. Remember to eat sensibly too. You will need to keep up your strength.



Waiting for a loved one to recover

It is natural for family and friends of a seriously ill person to ask nursing and medical staff about their chances of making a recovery. It is not always possible for doctors and nurses to predict what is going to happen.

A very ill patient may improve or deteriorate quickly. In this situation medical staff may refer to a patient's condition as 'unstable' or they may talk about a patient's chances of survival.

Each patient is different so it is not possible to generalise. The doctors will give you as much information as they can.

As patients in an ICU are often very weak, it is possible for serious complications such as organ failure or infections to develop in addition to their original problems.

If your loved one is in an ICU for a long time, you may find visiting becomes harder. It is common to feel 'useless' at this time. You could pass the time by reading to your loved one, perhaps extracts from a favourite book or a newspaper. It may help to remember that ICU staff often greatly value the input and support of patients' relatives and loved ones.

You may wish to ask if you can help care for your loved one, perhaps by combing their hair or washing their face. Many people find it helps to do something positive at such a difficult time.



Dying in an intensive care unit

Sometimes, a patient's condition deteriorates, despite the efforts of ICU staff, because they are too injured or ill to recover, and the patient dies. Usually, doctors are able to warn family and friends that a patient may die soon. Sometimes there is little warning.

When a patient dies without much warning

A patient who is very ill may die quite quickly during the night or day.

If your loved one has died in this way you may have been at their side at the time, or you, or other people who loved them, may not.

If you were not there, it is important to remember that there is nothing you could have done to stop your loved one dying.

ICU staff should be able to answer any questions you may have about your loved one's condition before they died, their medical care and what happened when they died. If there is anything unclear about the cause of your loved one's death, you can ask to meet the consultant in charge of the ICU.

Bereavement can affect people in many ways - emotionally, physically and in many aspects of their lives. You may find that crying or talking to someone helps - many people find it better to express their feelings rather than holding them inside. You may wish to contact one of the organisations listed on pages 29-30, which specialise in providing support to people who have been bereaved.



Brain stem death

Sometimes, an unconscious patient on a ventilator is pronounced brain stem dead. This means the brain can no longer send or receive messages to control vital functions such as breathing. Patients who are brain stem dead have died and will never regain consciousness. They still have a heart beat, but only because they are connected to a ventilator.

Brain stem death is diagnosed by two senior doctors who perform tests. They check the patient can no longer breathe on their own and has no natural reflexes, such as response to light, pressure and pain.

If a patient is pronounced brain stem dead, an ICU consultant will talk with the patient's next of kin and any other close family members and friends who wish to be involved. They will explain that brain stem death is irreversible and that the patient's ventilator will be stopped. When ventilation is stopped, the patient's heart will stop beating within a few minutes.

The consultant may also at this time discuss the possibility of organ and tissue donation, which requires permission from the patient's next of kin. If you are not asked about organ and tissue donation and want to know if this is possible, ask a member of the ICU team. See page 22 for further information.

The decision to stop ventilation is made by the consultant, but only once this has been explained to close family and friends.

If organ donation is not taking place, ventilation is stopped in the ICU, and it is usually possible for close family and friends to be present if they wish. If organ donation is taking place, ventilation is stopped in an operating theatre, where family and friends cannot be present. If this is the case, you may wish to spend time with your loved one's body before and after they are taken in to the operating theatre.



Patients in a persistent vegetative state (PVS)

Sometimes, a patient may be so severely brain damaged that the upper part of their brain dies, so they can no longer speak, move or think. These patients will continue to live and can usually breathe on their own, but will never regain consciousness. Patients in this state are said to be in a persistent vegetative state (PVS).

There is no treatment for PVS. These patients cannot swallow and must be given food and drink through a tube inserted in a vein (intravenous catheter) or through the nose into the stomach (nasogastric tube). These patients will be moved from an ICU to a hospital ward when their condition stabilises.

PVS cannot be diagnosed straight away. Doctors may suspect that a patient is in a state of PVS, but diagnosis will not be confirmed until at least six months have passed. The doctor will usually seek the opinion of two other consultants to confirm the diagnosis, including a neurologist.

If the condition of a patient in PVS worsens, doctors may recommend that the food and drink being supplied to them through a tube should be stopped, meaning they will die. Doctors may also recommend that if the patient's heart or breathing stops, they should not be resuscitated. Doctors must discuss this with the patient's next of kin and may also discuss it with other close family members and friends.

The decision to stop food and drink or not resuscitate a patient is made by a consultant, but only after close family members have been consulted.

Considering the possibility of withdrawing the supply of food and drink to a patient is very hard. You can ask hospital staff as many questions as you want.



Organ and tissue donation

It may be possible for a patient who has died to become an organ or tissue donor. This requires the permission of the next of kin.

Donation of organs (kidney, heart, liver and pancreas) is only possible in certain cases. If a patient has been pronounced brain stem dead (see page 20), but their heart is still beating because they are connected to a ventilator, organ donation may be possible. If a patient has died and their heart has stopped, it is usually not possible to transplant organs but it is often possible to transplant tissues such as corneas, heart valves, skin or bone.

If the patient carried a donor card or was listed on the NHS Organ Donor Register and it is possible to transplant part of their body, the next of kin will be contacted to ask whether or not they agree to donation. If the patient had not indicated they wanted to be a donor, the next of kin can still consider donation.

If you are not asked about the possibility of organ and tissue donation and want to find out if it is possible, ask straight away. You can contact your local transplant co-ordinator, often based at the hospital.

Some families are concerned about organs being retained for research purposes by hospitals. If you are concerned, ask hospital staff.

If you want to find out more about organ and tissue donation, you can contact the British Organ Donor Society (BODY) on 01223 893636, email body@argonet.co.uk or go to www.argonet.co.uk/body. BODY provides information about organ donation and befriends families and friends of donors.



Spending time with your loved one's body

If you wish, you should be able to spend some time with your loved one's body when they have died. This may be in the ICU or in a chapel of rest at the hospital.

Nursing staff will be able to advise you about any formalities that are required at this time.

Bereavement is a shattering experience. The death of someone close can leave feelings of numbness, tiredness, anger and helplessness, as well as deep sadness. Coming to terms with your loss can be a long process and it is perfectly natural for it to take time.

Family and friends can be a great source of support at this time but you may also wish to contact one of the organisations on pages 27 to 38.



Ongoing support for recovering patients

Patients are usually transferred from an ICU when they are able to breathe on their own and no longer need the other specialist skills of the ICU team.

Where the patient is moved will depend on the nature of their illness or injuries. Some patients require specialist help to assist their recovery. For example, if a patient has a serious head injury, spinal injury or burns, they may be transferred to a unit that is equipped to deal with their particular needs.

Most patients are transferred to a ward within the hospital. Younger patients, up to the age of 15, are usually transferred to a children's ward.

There will be fewer nurses and procedures and less equipment on a ward compared with an ICU because a patient does not require them any longer. The more 'normal' atmosphere is an important step towards recovery and rehabilitation.

Patients often do not remember being in an ICU. But sometimes all the tubes and machinery, the unfamiliar surroundings and the illness or injuries they have suffered can cause a patient to feel agitated and confused. You can help by trying to be calm and reminding them of things that are familiar to them.

Many ICUs offer an outreach service, which visits patients on a hospital ward after they have been discharged from the ICU. Outreach staff work with nursing and medical staff on the ward to aid a patient's recovery. Some ICUs also run follow-up clinics, which offer appointments to former ICU patients, to monitor their condition and allow them to discuss any ongoing problems.

Talk to the nursing and medical staff if you or your loved one have any concerns about the transfer from the ICU.



Long-term issues for recovering patients

Many patients make a full recovery and return to their normal life, although recovery can take many months or years. Some patients may remain on medication and/or require further treatment in the future.

Patients with ongoing physical problems may find it helpful to contact a specific support group. Many national organisations are listed on pages 31-37. You may wish to ask hospital staff or your GP for information about any other local organisations that can offer help.

Sometimes patients have recurring dreams or flashbacks. They may suffer persistent anxiety or depression. Such conditions are understandable. Sufferers can seek help from their consultant, GP or a professional counsellor.

If a patient's flashbacks or anxieties are about their time in an ICU, it may be helpful for them to arrange to meet ICU staff who treated them, and talk about any ongoing questions or concerns.

A patient's loved ones have also been through a traumatic time and may feel a mixture of emotions such as over-protectiveness or anger and resentment. Try to talk to someone if you are feeling such emotions. You may find it helpful to talk to someone other than family and friends, such as a counsellor.

The experience of suffering a life-threatening condition and spending time in an ICU can affect both the patient and those close to them. It is normal for everyone to take time to adjust to what has happened.



If you are unhappy with the care your loved one received

If you or your loved one have any questions or complaints about the care and treatment your loved one received during their time in an ICU, you can arrange to discuss them with a member of the ICU staff.

If your comments are about nursing care, you can talk to the ICU manager. If your comments are about medical treatment, you can talk to an ICU consultant. You can alternatively write to the ICU manager or a consultant, if you prefer.

ICU staff should be able to answer your queries and help with any ongoing concerns.

If you would like independent advice about your complaint, or are dissatisfied with the response you receive from ICU staff, you can contact your local Patient Advice and Liaison Services (PALS). The hospital staff or your local GP should be able to put you in touch, or you can call NHS Direct on 0845 46 47.

PALS provides a free leaflet called *How to Make a Formal Complaint*.



Sources of emotional support

A sudden illness, injury, or death of a loved one can be emotionally and physically draining.

If you need someone to talk to straight away, you can call the **Samaritans** on **0845 790 9090**.

The Samaritans is a helpline, open 24 hours a day for anyone in need. It is staffed by trained volunteers who will listen sympathetically. You can also contact the Samaritans by emailing jo@samaritans.org.

You may find hospital staff or your GP offer you and/or your loved one the chance to see a counsellor to talk about what has happened. If not, you can ask for an appointment.

Some professional carers, who may be counsellors, psychotherapists, psychologists or psychiatrists, have expertise in caring for someone who has been affected by a traumatic event. They can help you and your loved one talk about your experiences and reactions and ways to cope and feel stronger. You may wish to ask if you can talk to someone who specialises in this.

Care from these specialists can be free if your GP refers you. If your GP does not refer you, you may have to pay for the care yourself.

The organisations listed on the next page hold lists of professional carers who specialise in helping people who have been through a traumatic event.



Sources of emotional support continued

Organisations that can put you in touch with professional carers:

British Association for Counselling and Psychotherapy

BACP House, 35-37 Albert Street Rugby CV21 2SG

Tel: 0870 443 5252

Email: bacp@bacp.co.uk

Website: www.bacp.co.uk

Disaster Aftercare Services

PO Box 65, Cheltenham, Gloucester GL50 4YR

Tel: 0870 765 0368

Email: dascare@aol.com

United Kingdom Council for Psychotherapy

167 – 169 Great Portland Street, London W1W 5PF

Tel: 020 7436 3002

Email: ukcp@psychotherapy.org.uk

Website: www.psychotherapy.org.uk

British Association for Behavioural and Cognitive Psychotherapies

Globe Centre, PO Box 9, Accrington BB5 2GD

Tel: 01254 875277

Email: babcp@babcp.org.uk

Website: www.babcp.com



Support if your loved one has died

Cruse

A national charity offering support to anyone who has been bereaved. Cruse volunteers, who live locally and are trained, can visit you in your home or talk to you over the phone. The Cruse helpline offers support and can put you in touch with a local Cruse branch or another local bereavement service.

126 Sheen Road, Richmond, Surrey TW9 1UR

Tel: 020 8939 9530 Helpline: 0870 167 1677

Email: helpline@crusebereavementcare.org.uk

Website: www.crusebereavementcare.org.uk

The National Association of Bereavement Services

An association that can help you find an organisation that supports bereaved people.

20 Norton Folgate, London E1 6DB

Helpline: 020 7247 1080

Organisations dedicated to caring for people who have lost a partner:

The WAY Foundation

Provides a support network for people widowed under the age of 50.

PO Box 74, Penarth CF64 5ZD

Tel: 0870 011 3450

Email: info@wayfoundation.org.uk

Website: www.wayfoundation.org.uk

The National Association of Widows

Run by widows for widows, providing support and information.

Third Floor, 48 Queens Road, Coventry CV1 3EH

Tel: 024 7663 4848

Email: office@nawidows.org.uk

Website: www.nawidows.org.uk

You may wish to contact a local organisation that can offer support. You can ask the nursing staff, a social worker or chaplain for information.

You may also wish to contact a national organisation that specialises in providing support to people who have been affected by a certain type of death, illness or injury. Details of these organisations are given on the next few pages.



Organisations dedicated to caring for people who have lost a child:

The Bereaved Parents' Network

A Christian organisation that supports bereaved parents of any faith or no faith. Can put callers in contact with other bereaved parents.
 PO Box 488, Cardiff CF15 7YY
 Tel: 029 2081 0800 (Mon-Fri 9am-5pm)
 Email: mail@cff.org.uk Website: www.care-for-the-family.org.uk

The Child Death Helpline

Run by Great Ormond Street Hospital and Alder Hey Hospital.
 Helpline: 0800 282 986 (every day 7pm-10pm, Mon and Fri 10am-1pm, and Weds 1-4pm)

The Compassionate Friends

A self-help group run by parents who have lost a child.
 53, North Street, Bristol BS3 1EN Tel: 08451 203785
 Helpline: 08451 232 304 (every day, 10am-4pm and 6.30pm-10.30pm)
 Email: info@tcf.org.uk Website: www.tcf.org.uk

Organisations dedicated to caring for bereaved children:

Child Bereavement Trust (CBT)

Provides support and information for bereaved children and families, and details of counselling and support services.
 Aston House, West Wycombe, High Wycombe, Bucks HP14 3AG
 Tel: 01494 446648 Email: enquiries@childbereavement.org.uk
 Website: www.childbereavement.org.uk

Winston's Wish

Offers support and information to bereaved families, children and their carers.
 Clara Burgess Centre, Bayshill Road, Cheltenham GL50 3AW
 Tel: 01242 515157 Family line: 0845 20 30 40 5
 Email: info@winstonswish.co.uk Website: www.winstonswish.co.uk

BrakeCare

A division of Brake, the road safety charity. Supports bereaved and injured road crash victims, through a helpline and care literature, including this booklet.
 BrakeCare, PO Box 548, Huddersfield HD1 2XZ
 Tel: 01484 559909 Helpline: 01484 421611
 Email: helpline@brake.org.uk Website: www.brake.org.uk

RoadPeace

Provides information and support to bereaved and injured road crash victims. PO Box 2579, London NW10 3PW
 Helpline: 0845 4500 355 Email: info@roadpeace.org
 Website: www.roadpeace.org

Support & Care After Road Death and Injury (SCARD)

Offers information and support to anyone affected by road death or injury.
 PO Box 62, Brighouse HD6 3YY
 Tel: 0845 123 5541 Helpline: 0845 123 5543
 Email: info@scard.org.uk Website: www.scard.org.uk

The Campaign Against Drinking and Driving (CADD)

Supports bereaved and injured people who have been affected by drunk drivers and educates drivers about the dangers of drink-driving.
 PO Box 62, Brighouse HD6 3YY
 Tel: 0845 123 5541
 Email: cadd@scard.org.uk

Learn & Live

Can put bereaved families in contact with others who have suffered the loss of a young driver.
 PO Box 7, Kingswinford, West Midlands DY6 9QZ
 Tel: 01384 292571
 Email: office@learnandlive.org.uk Website: www.learnandlive.org.uk



Support for victims of crime

Victim Support

Provides information and support to people affected by crime through local branches and trained volunteers.
Cranmer House, 39 Brixton Road, London SW9 6DZ
Tel: 020 7735 9166 Email: contact@victimsupport.org.uk
Website: www.victimsupport.org.uk

Support After Murder And Manslaughter (SAMM)

Provides support to families bereaved by murder or manslaughter.
Cranmer House, 39 Brixton Road, London SW9 6DZ
Telephone: 020 7735 3838 Email: enquiries@samm.org.uk
Website: www.samm.org.uk



Support for chest, heart and stroke illnesses

British Heart Foundation (BHF)

Offers a range of resources and has a network of support groups for patients and families affected by heart problems.
14 Fitzharding Street, London W1H 4DH
Tel: 020 7935 0185 Website: www.bhf.org.uk

British Lung Foundation (BLF)

Offers *Breath Easy* support groups for anyone with lung problems.
73-75 Goswell Road, London EC1V 7ER
Tel: 020 7688 5555
Email: info@blf-uk.org Website: www.lunguk.org

Chest, Heart and Stroke Scotland

Trained nurses offer information and advice. They can refer you to local support groups for people with chest, heart and stroke illnesses.
65 North Castle Street, Edinburgh EH2 3LT
Tel: 0131 225 6963
Advice line: 0845 077 6000 (Mon-Fri 9.30am-12.30pm and 1.30-4.00pm)
Email: admin@chss.org.uk Website: www.chss.org.uk

Northern Ireland Chest, Heart and Stroke Association

Provides information and advice to people in Northern Ireland.
21 Dublin Road, Belfast BT2 7HB
Tel: 028 9032 0184 Advice line: 0345 697299 (Mon-Fri 9.00am-2.00pm)
Email: mail@nichsa.com Website: www.nichsa.com

The Stroke Association, Stroke Information Service

Provides support and information on publications and services available to individuals and families affected by a stroke.
240 City Road, London EC1V 2PR
Tel: 020 7566 0300 Helpline: 0845 3033 100 (Mon-Fri 10am-4pm)
Email: stroke@stroke.org.uk Website: www.stroke.org.uk



Support for head and spinal injuries

Brain and Spine Foundation

Provides information and support to brain and spine injured people.
7 Winchester House, Kennington Park Cranmer Road, London SW9 6EJ
Tel: 0207 793 5900 Helpline: 0808 808 1000
Email: info@brainandspine.org.uk Website: www.brainandspine.org.uk

Child Brain Injury Trust

Provides information and support to children and young people with a brain injury and their families.
c/o The Radcliffe Infirmary, Woodstock Road, Oxford OX2 6HE
Tel: 01865 552 467
Helpline: 0845 601 4939 (Mon-Wed and Thurs 10am-1pm)

Headway (The National Head Injuries Association)

Provides information and support to adults with a head injury and their carers, through support groups, day care centres and literature.
4 King Edward Court, King Edward Street, Nottingham NG1 1EW
Tel: 0115 924 0800 Helpline: 0808 800 2244
Email: enquiries@headway.org.uk Website: www.headway.org.uk

Spinal Injuries Association (SIA)

Provides information and advice for people with spinal cord injuries.
Suite J, 3rd Floor, Acorn House, 387-391 Midsummer Boulevard,
Milton Keynes MK9 3HP
Tel: 0800 980 0501
Email: sia@spinal.co.uk Website: www.spinal.co.uk

BackCare

Provides information on back conditions and managing back pain.
16 Elmtree Road, Teddington, Middlesex TW11 8ST
Tel: 020 8977 5474
Email: website@backcare.org.uk Website: www.backcare.org.uk



Support for sight, hearing and speech impairment

Royal National Institute for the Blind (RNIB)

Provides information and support for anyone with impaired sight.
105 Judd Street, London WC1H 9NE
Tel: 020 7388 1266 Helpline: 0845 766 9999 (Mon-Fri, 9am-5pm)
Email: helpline@rnib.org.uk Website: www.rnib.org.uk

Royal National Institute for the Deaf

Offers information on a range of issues relating to deafness and hearing loss.
19-23 Featherstone Street, London EC1Y 8SL
Tel: 0808 808 0123 Textphone: 0808 808 9000
Email: informationline@rnid.org.uk Website: www.rnid.org.uk

Royal College of Speech and Language Therapists

Provides general advice and information on local NHS speech and language therapy services.
2 White Hart Lane, London SE1 1NX
Telephone: 020 7378 1200
Email: postmaster@rcslt.org Website: www.rcslt.org

Speakability

Provides information on speech therapy and local self-help groups for people with communication disabilities following a head injury.
1 Royal Street, London SE1 7LL
Tel: 020 7261 9572 Helpline: 0808 808 9572
Email: speakability@speakability.org.uk
Website: www.speakability.org.uk



Support for burns and disfiguring injuries

Changing Faces

Supports adults and children living with a disfiguring injury.
1 & 2 Junction Mews, London W2 1PN
Tel: 0845 4500 275
Email: info@changingfaces.co.uk Website: www.changingfaces.co.uk

Positive Image - Disfigurement Support Network

Provides information and support through a newsletter and group meetings and talks.
PO Box 3, Carmarthen SA33 2YR
Tel: 01267 241983
Website: www.positive-image.demon.co.uk

Burn Survivors Association

Provides information and links to local support groups for burn survivors, their families and friends.
Email: burnsurvivorsassociation@hotmail.com
Website: www.burnsurvivorsassociation.com

The Children's Fire and Burn Trust

Offers information and support about rehabilitation of children following severe burns.
Gayzer House, 30 Buckingham Gate, London SW1E 6NN
Tel: 020 7802 8464 Email: info@cfbt.demon.co.uk



Support for people with a disability

Dial UK

A network of local services run by and for disabled people.
St. Catherine's Hospital, Tickhill Road, Doncaster DN4 8QN
Tel: 01302 310123
Email: enquiries@dialuk.org.uk Website: www.dialuk.org.uk

Disability Alliance

Provides information on disability benefits, services and rights.
88-94 Wentworth Street, London E1 7SA
Tel: 020 7247 8776
Rights advice service: 020 7247 8763 (Mon and Wed, 2pm-4pm)
Email: office.da@dial.pipex.com Website: www.disabilityalliance.org

Disabled Living Foundation

Provides advice and information on living equipment for disabled people.
380-384 Harrow Road, London W9 2HU
Tel: 020 7289 6111 Helpline: 0845 130 9177
Email: dflinfo@dflf.org.uk Website: www.dflf.org.uk

Limbless Association

Provides information and support for people without one or more limbs.
Rehabilitation Centre, Roehampton Lane, London SW15 5PR
Tel: 020 8788 1777 Helpline: 0845 230 0025
Email: enquiries@limbless-association.org
Website: www.limbless-association.org

The Association of Personal Injury Lawyers (APIL)

An association representing solicitors who specialise in claiming money following death or injury.

Tel: 0115 958 0585 Website: www.apil.com

The Motor Accident Solicitors Society (MASS)

A national association representing solicitors who specialise in claims following death or injury in a road crash.

Tel: 0117 929 2560 Website: www.mass.org.uk

The Law Society

Offers information and advice on choosing and using a solicitor.

Tel: 0207 242 1222 Website: www.lawsociety.org.uk

Accident Line (run for the Law Society) Freephone: 0500 192939

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What happens in an intensive care unit ?



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If you would like any part of this book explained over the phone or you need support, you can call BrakeCare on our helpline 01484 421611.