

General Critical Care Unit

About University Hospital General Critical Care Unit (GCCU)

General Critical Care Unit (GCCU) is a 30-bedded unit caring for both Intensive Care patients with one to one nursing care, and high dependency patients with one to two nursing care. The staff are trained to care for the most severely ill patients who require constant monitoring and high levels of medical support.

Once a patient is admitted to the unit, the Intensive Care Team will manage their care in consultation with the original team who admitted the patient to hospital. The Critical Care Team will also involve any other specialists that they think can help to aid the patient's recovery; there are usually many disciplines working together.

The Intensive Care doctors and nurses will give the best overview and general update on the patient, but they may involve other specialist teams to discuss certain aspects of care.

Due to the highly specialized nature of Critical Care, the unit is mixed sex, however every effort is made to ensure privacy and dignity are maintained. Please feel free to talk to staff if you have any concerns surrounding this issue.

Admission to GCCU

Patients may come to the GCCU as planned admissions following surgery or they may be admitted in emergency situations, for example, following a road traffic accident.



Patient Information

When your loved one is admitted to Critical Care it is a time of great stress and worry and it might help to know what to expect. You should expect a high level of activity round the clock. Noise levels are likely to be higher than on a general hospital ward due to the equipment. If you do hear an alarm it does not necessarily mean that something is wrong, it may mean there is a change the staff need to be aware of. Staff will be able to explain the equipment and noises to you should you have concerns about the alarms. Try not to focus too much on all the machinery.

Following admission to the GCCU staff may have to put more monitoring equipment on the patient; this can include inserting extra drips and special 'central lines' (long drips that are usually placed in the large veins in the neck or top of the leg). There may be emergency treatments that must be established, such as putting the patient to sleep and inserting a breathing tube into their windpipe and stabilising them on the ventilator.

Once on the unit, the first few hours in Intensive Care can be an unstable time and a patient's condition can change minute to minute. The doctors and nurses will usually explain if they think this is likely.

As soon as possible one of the team will sit down with you and explain what has happened so far and what they are expecting in the next few hours. Don't be afraid to ask questions and to ask to speak someone, but please understand if they are not available immediately. The doctors are often needed in other areas of the hospital, particularly at night time. Nursing staff will update you as soon and as often as they can.

What to expect when you visit GCCU

It is best to be prepared that your loved one may appear different from the last time you saw them. Patients in Critical Care are often unconscious, especially during the early part of their stay. If they wake up, they may feel confused about where they are and what has happened. They may also appear anxious or in pain. To reduce anxiety and pain, sedation and medication may be needed.

While sedated, it may be difficult for them to think clearly. Sometimes the medication may change their perception of what is happening and they may seem angry, hostile, or just different.

They may be bruised and areas of their body may also be swollen from injuries they have sustained. Sometimes a break or tear in the skin may seep fluid. Frequently, the inability to move, the assisted breathing, the critical illness, and the treatments for blood pressure may cause swelling. Rings may need to be removed to protect the blood flow to the fingertips.

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The experience of seeing your loved one in a GCCU is likely to be upsetting. Critical Care staff are experienced at supporting relatives, so don't hesitate to share your feelings with a member of the Critical Care Team. They will try to answer any questions you may have and reassure you about what is happening. They will also ask the doctor to answer any other questions they are unable to answer.

For many patients some days are good and some are bad as their condition changes.

Concentrate on the good days and view the bad days as hurdles which can be overcome. Try not to become discouraged and keep a positive outlook. It is not uncommon for patients to get worse before they get better.

What is the patient aware of?

Patients need to be sedated to tolerate the help they need with their breathing. This level of sedation is much less than the amount required for an operation and patients are often partially awake. The nurses and doctors will keep reassuring the patient and make sure that they have plenty of pain relief to minimise any uncomfortable procedures that need to be done.

Relatives often want to know if they can talk to the patient or touch them and this is usually encouraged. Reassuring voices and contact can really comfort patients. If a patient is unconscious, they may still be able to hear you so feel free to talk to them. If he or she is unconscious, start with 'Hello this is 'your name''. However, keep in mind that the patient might not be able to respond to you, either because there is a breathing tube in place that does not allow the patient to speak, or because of medications or altered awareness. Try not to keep asking questions; slow, steady, reassuring facts and words of comfort are best.

Hallucinations and nightmares are common whilst in Critical Care. There are many causes, including the type of illness, drug treatment, the unnatural environment of the Intensive Care Unit with its lack of proper day and night, and constant noise; in addition to other factors that are not yet completely understood. The most common causes of delirium are acute infections, drug withdrawal, imbalances in blood chemistry, all of which are likely causes of side effects from critical illness. Staff will reassure and give medication if appropriate, to help patients to settle and to get sleep.

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Patients vary as to how much they remember of their stay in a Critical Care Unit. There are patients who remember nothing at all, a minority remember very little, but most patients can recall the days immediately following extubation (removal of the breathing tube), although these memories are fragmented. Patients can often remember in detail 'unreal experiences' (hallucinations) particular objects, individual nurses and important emotional experiences. About half of patients admitted as an emergency to a Critical Care Unit do not even recall their admission to hospital.

To aid recovery many patients benefit from a patient diary as it fills in their missing days and helps to adjust to what has happened. Relatives and staff also gain from writing each day, and we encourage children, grannies, nurses, everyone to contribute.

Please ask staff if you would like a diary and have not been offered one.

Patients sometimes suffer from delusions (believing something that isn't true) when they are on Intensive Care. These can persist and feel quite troubling for patients after being in Critical Care. Patients can also suffer flashbacks of Intensive Care, either of things that really happened or things they imagined and these can be very frightening in some cases. Our follow up nurse will help you and your relatives adjust and cope in the weeks following critical illness, but please talk to your GP if you or your relatives are struggling.

Coping with having a relative in GCCU

It can be very frightening to be told that someone close to you has been admitted to Critical Care. The medical team will work to ensure that the patient is treated and made comfortable, but this will often mean that they are sedated and their ability to communicate is greatly reduced. This can be a very frightening time for relatives, and it is important that you look after yourself at this time and are comforted and supported.

Try to eat regularly and get some sleep or at least some time relaxing away from Critical Care.

Do not feel you have to be available every moment; a trained medical team is caring for your loved one and they are as safe as possible for the time being. Staying awake all night, every night, will wear you down and can make you prone to illness. Patients need their families when they are recovering so you need to conserve your energy if possible. Talking to the

Patient Information

Critical Care staff about how you feel will help. Try and listen and take advice if you can; also your GP should understand if you feel you need extra help and support. Life goes on outside Critical Care and financial and other worries are also common.

You may find the list of support agencies listed at the end of this booklet useful.

What to bring in

Unfortunately we are unable to allow flowers in Critical Care; however, it is helpful to bring toiletry items for personal hygiene and familiar things which are often comforting such as photographs and cards. Any property including bed clothes is not suitable whilst in Critical Care and staff will probably ask you to take things home until the patient can go to a ward.

As your relative recovers and is more awake an iPod or Walkman may be soothing. Please speak to the nurses who will advise on what might be helpful.

If you have any worries and issues please feel free to talk to the nursing staff even though they may seem busy. You can also talk to the Patient Advice and Liaison Service (PALS), situated beside main reception who will be happy to help you with any questions, concerns or difficulties you might have about any of the hospital's services.

Who decides on treatments and treatment limitations?

Whenever a patient is able to discuss and decide on their own treatment, it is the patient's right to make decisions, with advice and support from the medical team and from their family. However in Intensive Care patients are often unable to discuss their treatment. Emergency treatments are done immediately to provide the care necessary to keep patients alive and medical staff make decisions in the patient's best interest.

Where possible medical staff will usually discuss planned procedures and major interventions with a patient's family and next of kin, as this is what most patients would want to happen.

However the ultimate decision rests with the medical team caring for the patient.

Patient Information

Doctors will always endeavour to act in the best interests of the patient and treat in accordance with patient's wishes whenever possible.

They will not and should not offer treatments that they believe to be futile or harmful and this includes treatments that will prolong life or suffering when there is no longer any chance of recovery.

These are very difficult areas and the doctors will always discuss these decisions in great detail with patients and their families. If you have specific concerns around these areas then please ask to talk to one of the Critical Care doctors.

Treatments offered in General Critical Care

Intensive Care Units offer a large number of treatments that cannot be given on normal wards. Such treatments include:

- Continuous invasive monitoring (invasive means plastic cannulas or tubes are put into the veins and arteries to enable blood pressure and blood flow to be measured); sometimes pressure recorders are put into the head to measure pressure inside the head in patients with head injuries or after surgery. Drainage tubes may be put into the bladder (urinary catheters) and tubes into the stomach, usually through the nose (nasogastric tube).
- Support of breathing (ventilation) either via a tight fitting face mask or through the insertion of a breathing tube down the wind pipe (trachea).
- Performing tracheostomy (where a breathing tube is put through the front of the patient's neck into their windpipe).
- Support of the circulation when the blood pressure is low using fluid replacement and drugs that increase blood pressure.
- Kidney support (dialysis) which takes over the function of the kidney in patients with kidney failure.
- Nutritional support either feeding through via nasogastric tubes or if a patient's digestive system is not working, directly into the veins.

Patient Information

Further support

Citizens Advice Bureau

24 hour Information service providing general advice: the bureau is open for advice and information on a range of issues and specialist help in debt and welfare benefits.

Telephone: 0845 120 2920

Age UK (Over 50s)

Provides a range of services to older people and their carers.

Telephone: 024 7623 1999

www.ageukcoventry.org.uk

Coventry Carers

Provides a support service to carers through the provision of information, advice, advocacy, counselling, therapies, social events and a carers' forum.

Telephone: 024 7663 2972

www.coventrycarers.org.uk

PALS (Patient Advice and Liaison Service)

Freephone: 0800 028 4203

E-mail: PALS@uhcw.nhs.uk

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 6892 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

Document History

Department:	GCCU
Contact:	02476966892
Updated:	January 2020
Review:	January 2022
Version:	6.1
Reference:	HIC/LFT/648/08