NHS
University Hospitals
Coventry and Warwickshire
NHS Trust

Cardiothoracic Critical Care

Information about Cardiothoracic Critical Care

Introduction

Our Cardiothoracic Critical Care (CTCC) is a 22 bedded unit caring for patients who have received Cardiac ,Thoracic and varying other elective Surgery. We also care for patients with heart conditions requiring specialised support or a higher level of care.

The CTCC unit is an area that cares for patients who need constant, close monitoring. Some patients may need support from equipment and medication to keep normal body functions going. The unit has higher levels of staffing, specialist monitoring and equipment and the staff are highly trained in caring for post operative Cardiothoracic and severely ill patients.

CTCC has 6 Cardiac and 3 Thoracic Consultant surgeons. The unit has a large team of nursing staff led by the Clinical Nurse Manager and Modern Matron. Please feel free to ask questions and make any comments about CTCC to either the nurse in charge, the Clinical Nurse Manager or the Modern Matron

CTCC is staffed and managed as one Critical Care Area but is divided into two areas:

- **Amber Critical Care** providing level 3 care with a one to one nurse to patient ratio and level 2 care where one to two ratio is required.

- **The Green pathway area** providing care for patients with level 2 or 3 care that have been self-isolating before their elective surgery.

CTCC visiting information

Direct Phone Numbers:

Area 1: 024 7696 5793 or 024 7696 5794

Area 2: 024 7696 6214 or 024 7696 6213

For information on visiting, please see our '**Visiting CTCC'** leaflet. Our '**Facilities for Relatives and Visitors'**, leaflet will explain what facilities are available to you. Please ask the Nursing Staff if one of these leaflets is not available. Information on **Accommodation** is also available if required.

Who is who in Cardiothoracic Critical Care?

Cardiac Surgeons

Mr Barker

Mr Dandekar

Mr Codispoti

Mr Patel

Mr Pillai

Mr Balasubramaniam

Thoracic Surgeons:

Mr Martin-Ucar

Miss M Kolokatroni

Mr L Hernandez

Consultant Anaesthetists and Intensivists

In addition to the Consultant Surgeons, there is a team of Consultant Anaesthetists and Consultant Intensivists who will treat and monitor all patients during surgery and post-operatively.

There is a daily Doctor's round led by a Consultant Surgeon each morning, usually between 8.00am to 9.00am. Each patient will be seen throughout the day while they are in CTCC, depending on their need for medical input.

Registrars and Senior House Officers are assigned to the CTCC. Please ask the nursing staff if you would like to speak to a doctor.

The Nursing Team

Clinical Nurse Manager: wears a navy blue uniform with navy blue epaulettes. Responsible for all issues regarding the safe and effective running of the department; standards and cleanliness; clinical expertise; and support to the nursing team.

Senior Sisters and Charge Nurses: wear navy blue uniforms with white epaulettes. They provide patient care and offer a high level of clinical skill and support, as well as carrying out additional management duties.

Clinical Sisters and Charge Nurses: wear a royal blue uniform with white epaulettes. Provide patient care and offer clinical support to the nursing team.

Staff Nurses: wear a sky blue uniform, and will nurse patients on either a one to one, or one to two basis, depending on the level of care needed.

Health Care Support Workers: wear a maroon uniform and support the trained nursing staff with patient care.

Cleaners: our Unit is kept clean by our dedicated cleaners, who wear a turquoise uniform.

Ward Clerk: our ward clerk works at the ICU desk, and wears a pale green uniform.

Daily nurse in charge: this will be one of the Sisters or Charge Nurses. Their role is to co-ordinate the logistical and patient management needs for that shift. They can be identified by yellow epaulettes.

Treatments offered in Critical Care

There are a large number of treatments provided for patients that are not given on general wards. These treatments include:

- **Continuous Invasive Monitoring**

  Plastic tubes (cannulae) are inserted into veins and arteries to enable delivery of medicines and also enable continuous blood pressure measurement.

- **Wound drainage tubes**

  There will be drainage tubes from the wound following surgery, and also a tube in the bladder (urinary catheter).

- **Breathing support**

  If a ventilator (breathing machine) is required, the tube which connects the patient to the machine goes into the mouth and sits in the windpipe (trachea).

  An intermediate support for breathing is called 'CPAP' and involves a tightly fitting mask. It does make it difficult for the patient to talk when having this therapy.

- **Tracheostomy**

  Patients, who are on a ventilator, for more than a few days, may have a tracheostomy carried out. This is when the breathing tube is put through the front of the neck into the windpipe (trachea). This is a temporary measure and helps with weaning off the ventilator.

- **Support of circulation/heart**

  Low blood pressure (BP) is a common occurrence in patients post-operatively, and in critical illness. Low BP is usually treated with either fluids or medication. Sometimes a mechanical devise is used called a balloon pump. This is placed in the aorta and helps to assist the heart. It is only a temporary device.

- **Kidney support**

  If patients develop kidney failure, we use a form of dialysis, which takes over the work of the kidneys while they are not working. It is a continuous more gentle therapy than conventional dialysis which happens over just a few hours. This form of dialysis is much less likely to cause instability in our patients.

- **Nutritional Support**

  If patients are unable to eat for a prolonged period of time or their nutritional intake is not enough to meet their nutritional needs, they will be fed via a tube through their stomach (via the nose).

  Occasionally in situations when the digestive system is not working, some people may need feeding directly into their veins.

Admission to CTCC

Most patients come to CTCC as planned admissions following Cardiothoracic Surgery. Sometimes however, patients are admitted here due to an accident or a sudden deterioration in their condition.

Being admitted to a Critical Care area is a time of great stress and worry and it may help to know what to expect.

You should expect a high level of activity throughout the day and night. Noise levels are likely to be higher than on a general ward due to the equipment and alarms. If you hear an alarm it may not necessarily mean that there is something wrong, it may mean that there is a change that the staff need to be aware of, or due to the sensitivity of the alarms it may just be a 'false alarm'.

When a patient is admitted to the unit they will be attached to monitoring equipment, they will probably have drips and special tubes inserted into their neck so that medication can be administered. A tube to monitor blood pressure and to obtain blood samples is normally inserted. If a patient needs help with their breathing they will have a tube inserted into their windpipe (trachea) and they will be attached to a breathing machine called a ventilator.

The first few hours in CTCC may be very busy as patients are assessed, stabilised and may have treatments started.

The nurses will explain what is happening and inform you of the condition of your relative and what is likely to happen over the next few hours. Don't be afraid to ask the nurses questions and ask to speak to the doctors if you require any more information, please understand that they may not be

available immediately as they may be in theatre or attending to a patient elsewhere.

There is a formal ward round on the unit each morning where all patients are seen by one or more of the Consultant team and the other members of the medical team. Throughout the day patients are seen by the Registrar (senior specialised Doctor) on call and the Senior House officer. There is always a Consultant who is on call.

It is best to be prepared that your loved one may appear different from the last time you saw them. Being attached to a lot of equipment can be distressing, but the equipment allows us to monitor their condition closely and supports them through this critical time. Patients requiring level 3 care are often unconscious, especially during the early part of their stay. Medications to induce unconsciousness (sedation) may be used when they are attached to a ventilator. In some instances ventilation is required for a prolonged period and sedation may be continued during this time. While sedated it may be difficult for them to think clearly and they may seem angry, hostile or just different. When they wake up they may feel confused about where they are and what has happened, they may also appear worried and in pain. Medications to relieve pain will be given.

The experience of seeing your relative in critical care is likely to be upsetting. The critical care nurses and doctors are highly skilled and will help to support relatives dealing with these difficult circumstances, so share your feelings with a member of the critical care team. They will do their best to answer any questions you have.

Patients that are in critical care for a longer period of time, often have good days and bad days as their condition changes. Try not be become discouraged and try and keep a positive outlook.

What are patients aware of?

Patients need to be sedated to tolerate the help they need with their breathing. This level of sedation is much less than that required during an operation, and patients are often partially awake. The critical care staff will keep reassuring the patient and make sure they have plenty of pain relief to minimise stress and discomfort. 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 help patients. If a patient is unconscious, they

may still be able to hear you, so feel free to talk to them, but do keep in mind that they might not be able to respond, either because of the breathing tube preventing their speech or because of the medication or altered awareness.

Moving to the ward

If your relative has been in CTCC for a prolonged stay, moving to the ward can create some worry for the patient and family. This is very normal after moving to a less dependent area. The ward nurses are cardiothoracic nurses and most patients they receive will have been in a high dependency or intensive care area after theatre. Please talk to the ward staff if you have concerns.

For patients who remain in critical care for longer than 48 hours

Patients vary as to how much they can remember during their stay in Critical Care. Some patients remember nothing at all, some remember very little. Most patients recall the days after extubation (removal of the breathing tube). These memories are often fragmented and other patients experience 'un-real experiences' and confusion of time is also common.

Poor recall and loss of memory can be due to a combination of the type and severity of the illness, drug treatment and other factors that are as yet, not fully understood. The absence of the memory may never be recovered. However a patient will be able to understand what has happened when explained to them later, but this may not seem like a 'real' memory.

Hallucinations and nightmares are common. There are many causes, including the type of illness, drug treatment and the unnatural environment of the critical care unit with its lack of proper day and night and constant noise in addition to other factors. 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.

The things that patients describe later are often based on misinterpretations of events going on around them due to abnormal processing of sensory input (like noises, speech, radio and TV). The experiences described may be frightening, unpleasant or simply peculiar and an individual may experience all or any type. Patients should be reassured that these experiences are normal.

Patients can also suffer from delusions (believing something that isn't true) when they are in critical care. They can suffer flashbacks of critical care, either of things that really happened or things they imagined and they can be frightening in some cases. If this happens to your relative, talk to the doctors (or GP if this happens after discharge).

Who decides on treatment 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 simply done to provide the care necessary to keep patients alive. For planned procedures and major interventions there will usually be a discussion with the 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.

Coping with having a relative in CTCC

It can be a very frightening time when someone close to you is admitted to critical care, especially if they are sedated and unable to communicate. It is important that relatives take care of themselves and try to eat well and sleep, especially when trying to take in the information given to you by the nursing and medical team. Taking regular breaks while visiting may also help to reduce the stress and anxiety you may be feeling. If you need extra support or help try contacting your GP. Having a family member in hospital for a prolonged amount of time can cause financial difficulties for some families. The following organisations in your area may be able to offer advice: Citizens Advice Bureau (CAB), Age UK and Social Services.

How can I help my relative/ friend?

For a short stay in CTCC (less than 72 hours), it is usual for a patient to just bring their toiletry bag and personal hygiene items. However, if their stay becomes prolonged, please speak to the nursing staff about bringing in additional items such as pyjamas, slippers, cards and maybe a few familiar photographs. Unfortunately we are not able to have flowers on CTCC.

If you have any concerns, please talk to the nursing staff. Contact the **PALS (Patient Advice and Liaison Service)** who will be happy to help with any

questions, concerns or difficulties you have about any of the hospital services.

PALS (Patient Advice and Liaison Service)

Freephone 0800 028 4203

E-mail: feedback@uhcw.nhs.uk

Age UK, (Coventry) (Over 50's)

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

Telephone 024 7623 1999 www.ageukcoventry.org.uk

Citizens Advice Bureau (CAB)

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.

Tel: 0845 120 2920

Further Information

Please feel free to ask questions and make any comments about CTCC to the nurse in charge. Alternatively, the contact numbers for ICU and HDU can be found on page 2 of this information.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 5793 and we will do our best to meet your needs.

The Trust operates a smoke free policy

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

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