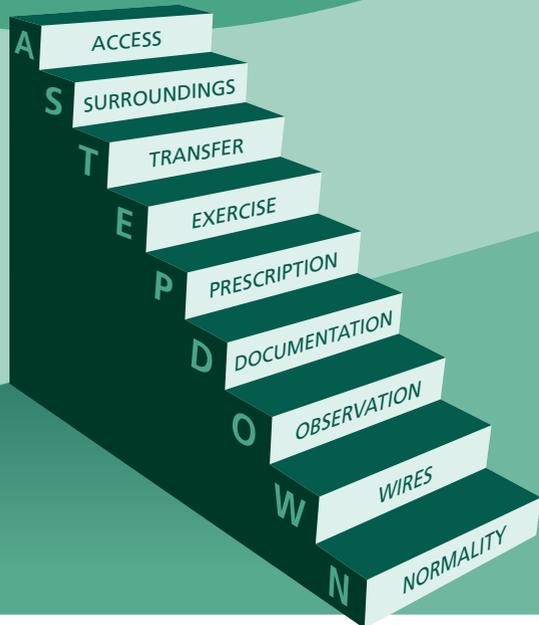


After General Critical Care

Information for patients



This patient leaflet provides information about the transition from critical care to the ward.

It is important to note that not everything in this leaflet will apply to all patients.

1. Before 'step-down' to the ward

As your condition improves the decision will be made by your consultant in critical care and your supporting teams that you are ready to be stepped down to the ward. This is a positive step in your recovery!

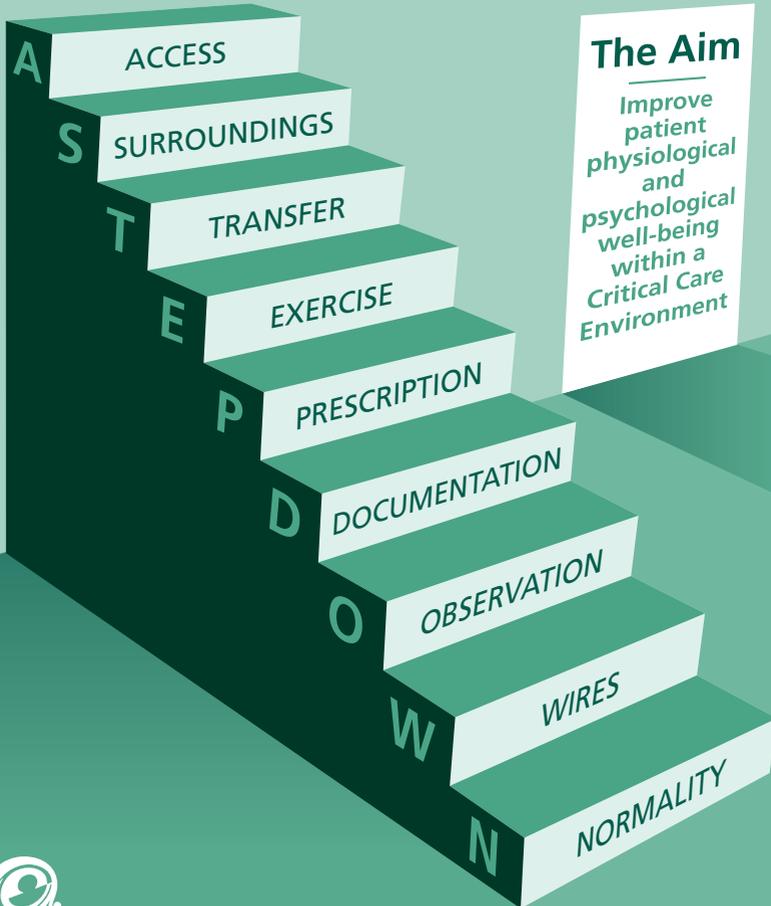
We will keep you involved in preparing for "step down" and the nursing staff will let your next of kin know.

Preparation for step down may involve:

- Removing some of your wires and tubes - this is done because you are better and you don't need them anymore.
- Observing you less - this is because you don't need a one to one nurse anymore.
- You may be able to wear your own clothes - you can ask your family to bring these in for you.

A
STEPDOWN
CAMPAIGN

NHS
The Leeds
Teaching Hospitals
NHS Trust



Adult
Critical Care

Contact James.Higson@nhs.net or your
Critical Care area link for more information

2. Going to the ward

This is a positive step, but it is normal for both you and your family to feel anxious during this time.

There are several different wards you may be “stepped down” to within the LGI, depending on which team you are under. For example, major trauma, vascular, cardiology etc. The ward you are discharged to will be used to looking after patients that have been on critical care and you will be sent to the ward that knows your condition.

Your critical care nurse will likely accompany you to the ward to settle you in and handover to your new nurse if you are still on some sort of monitoring.

3. On the ward

This is a very different environment to a critical care unit and the ward will have a different, more normal routine. You will no longer have a one to one nurse at your bedside but you will have an allocated qualified nurse and healthcare assistants looking after you and several other patients - this is usually up to 10 patients per nurse.

You will have a call bell at hand to call for help or assistance - this will likely take longer to get a response than within critical care as there is less nursing staff around. You may naturally start doing more for yourself due to this.

At this point, it may become apparent that you tire more easily than before your hospital admission as you will be doing more things for yourself, gradually rebuilding your strength back up.

On your new ward you will get to know new staff:

- Housekeepers (light blue uniform) - provide meals, hot drinks and carry out cleaning tasks on the ward.
- Healthcare assistants (teal uniform) - will be hands on in your day to day care such as washing/dressing and assistance in any way.
- Staff nurses (blue uniform) - your 'bedside nurse', will mainly give out medicines throughout the shift and change any dressings you may have. They are in charge of your care for that shift.
- Sister/Charge Nurse (royal blue or navy blue uniform) - the nurse in charge of that shift (day or night). Any concerns will be escalated to this person.
- The medical team (usually scrubs or normal clothing) - doctors and advanced nurse practitioners (dark green uniform) work together and review patients daily on the morning ward round. Any medical concerns or deteriorations you have will be escalated to the doctors and they will assess you.

You will likely also get support from the following teams:

Physiotherapists (white uniform with navy trim or dark blue scrubs)

Your lead Physiotherapist is:

Physiotherapists will get you moving as soon as possible - this may be in the bed to start with, then getting you sat out of bed or even walking around with assistance and/or an aid that suits you. This will be a joint effort between you and the physiotherapists where, if possible, they will be led by you - setting realistic goals together.

Occupational therapists (white uniform with green trim)

Your lead Occupational therapist is:

Occupational therapists or 'OT's' work very closely with physiotherapy and they will often carry out joint sessions with patients. OT's will assess you in many different ways but they will mainly focus on your cognition (how you are processing information) and how well you are managing to carry out functional tasks. They will provide aids/equipment which is individual to your needs (for example, cutlery adapted to someone who has had a stroke).

Dieticians (white uniform with purple trim)

Your lead Dietician is:

Dieticians will come and speak with you about the importance of your diet. When you are discharged from critical care, it is possible that you may not yet be on a 'normal' diet. You may even still be fed via a tube into your nose/down to your stomach (NG tube). Dieticians will work closely with speech and language therapists and will always pass information and changes onto your bedside nurse looking after you.

Speech and Language therapists (white uniform with black trim)

Your lead Speech and Language therapist is:

Speech and language therapists or 'SALT' will most likely be involved in your on-going care if you have a tracheostomy tube or are having swallowing difficulties. They will work closely with physiotherapists in order to strengthen swallowing and wean you from any support in your airway.

Other teams who may support you once stepped down:

Critical Care Outreach

Outreach is a team of experienced nurses and doctors who have a significant background in managing deteriorating patients. They visit all patients who step down from intensive care - usually within 24 hours. The aim of their team is to prevent patients from needing to come back to critical care.

Critical Care Rehabilitation Team

The Critical Care Rehabilitation team is a team of senior nurses, rehabilitation assistants and at times therapy staff. They will visit you, usually in the first 24 hours of moving to the ward and they will support you physically and psychologically in your recovery after critical care. The staff members in the team have experience working within critical care and will be able to support you by answering any questions about the environment, therapies and treatments you may have received whilst you were on critical care.

Email: leedsth-tr.followup@nhs.net

Colorectal specialist nurse (stoma nurse)

Having a new stoma can be absolutely life changing for a patient in more ways than one - the colorectal nurses will support you in this journey by providing education and support for you to eventually manage your stoma on your own or with

support from family. They also aim to provide you and your family on-going emotional and physical support for your entire bowel and stoma care needs at every stage of the journey - this can be very helpful for patients who have a stoma as a result of a critical care admission as this may have been unexpected.

Diabetes specialist nurse

This team offer specialist care for patients with type 1 and type 2 diabetes and for any patients with complex diabetes problems. They can offer self-management training for people with type 1 diabetes, all the while supporting you and ward staff with diabetes management whilst you are in hospital.

Tissue viability specialist nurse

The tissue viability nurses have specialist knowledge in all areas regarding skin and wounds. They will offer support and guidance to both you and the nursing staff about how best to manage your wound care.

Useful Telephone Numbers

Ward numbers

Ward L06 (General Intensive Care Unit)

(0113) 392 7406

Ward L07 (General High Dependency Unit)

(0113) 392 7407

Ward L08 (High Observation)

(0113) 392 7408

Ward L10 (Major Trauma)

(0113) 392 7410

Ward L15 (Vascular)

(0113) 392 7415

Ward L17 (Neurology)

(0113) 392 7417

Ward L18 (Cardiology)

(0113) 392 7418

Ward L19 (Cardiology)

(0113) 392 7419

Ward L20 (Coronary Care Unit)

(0113) 392 7420

Ward L22 (Plastics)

(0113) 392 7422

Ward L23 (Maxillo Facial)

(0113) 392 7422

Hospital switchboard numbers

Leeds General Infirmary

(0113) 243 2799

St James' University Hospital

(0113) 243 3144

Chapel Allerton Hospital

(0113) 262 3404

Wharfedale Hospital

(0113) 465 522

Seacroft Hospital

(0113) 264 8164

Leeds Children's Hospital

(0113) 243 2799

Useful resources:

- **ICU steps** - intensive care patient support charity. This charity is run by former intensive care patients and relatives with the aim to improve the care and support available to patients recovering from critical illness during their long recovery.
Website: www.icusteps.org - prefer to be contacted by email
Voicemail: 0300 30 20 121
- **ICU unwrapped** - ICU unwrapped is primarily written to inform and support the family and friends of our intensive care patients. This is written by members of the intensive care team at Leeds Teaching Hospitals NHS Trust.
www.icuunwrapped.co.uk
- **The Colostomy Association** - A charity that supports empowers and advocates for people with stoma bags. Speak directly to someone who lives with a stoma bag.
Website: www.colostomyuk.org
Telephone: 0800 328 4257
- **Diabetes UK** - largest charity in the UK for the care and treatment of people with diabetes.
Website: www.diabetes.org.uk
Telephone: 0345 123 2399
- **Leeds Mental Wellbeing Service** - self refer for an assessment. Open to anyone age 17+ who is registered with a Leeds GP.
Website: www.leedscommunityhealthcare.nhs.uk/our-services-a-z/leeds-mental-wellbeing-service/home/
- **Citizens Advice Bureau** - helps people deal with their legal, money and other problems by providing free, independent and confidential advice
Website: www.citizensadvice.org.uk
Telephone: 0344 411 1444

Tips for “stepping down” to a ward:

- If you feel you want a visit to the ward you are going to before your actual discharge from ICU then just ask and we can try to accommodate this.
- Ask family to bring your own toiletries and clothing in if possible to make you feel more normal.
- Ask about alternate food menus - there are many options available!
- Try to be present for ward round on a morning so you can ask any questions to your consultant directly.
- Be aware that being “ready” to go home means that Doctors, Physiotherapy and Occupational therapy (OT) must all be in agreement. (For example, a doctor may tell you they’re happy for you to go home from their point of view, but you may be still awaiting assessments from Physio or OT to ensure your safety at home).
- If you haven’t received a patient diary from critical care then please ask someone to check in your notes before you go home.

Feedback

This is a big milestone in your hospital journey and you may feel anxious, frightened and confused by your admission. You may also have trouble sleeping, eating, and moving around. Or you may be relieved. This is all normal - please reach out to a member of staff looking after you if you feel any of the above.

If you or your family have any feedback relating to your stay on critical care or your step down please speak to General Intensive Care in the first instance and we can escalate any concerns to Tracey Fletcher (Matron - General Critical Care Units)



What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

Your views matter



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