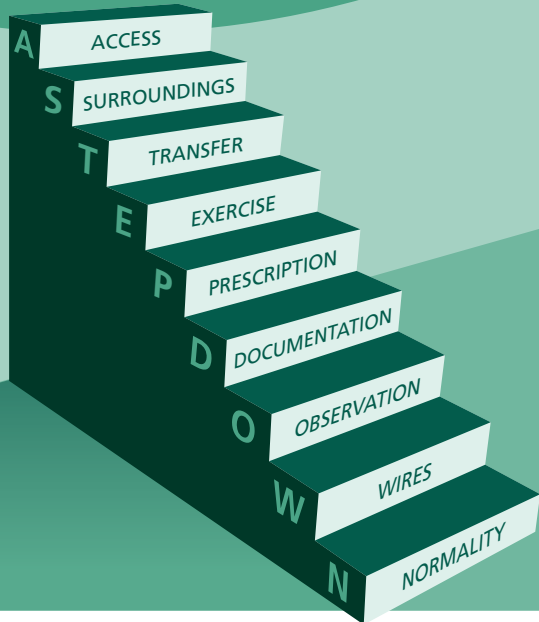


After Neuro Critical Care

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!

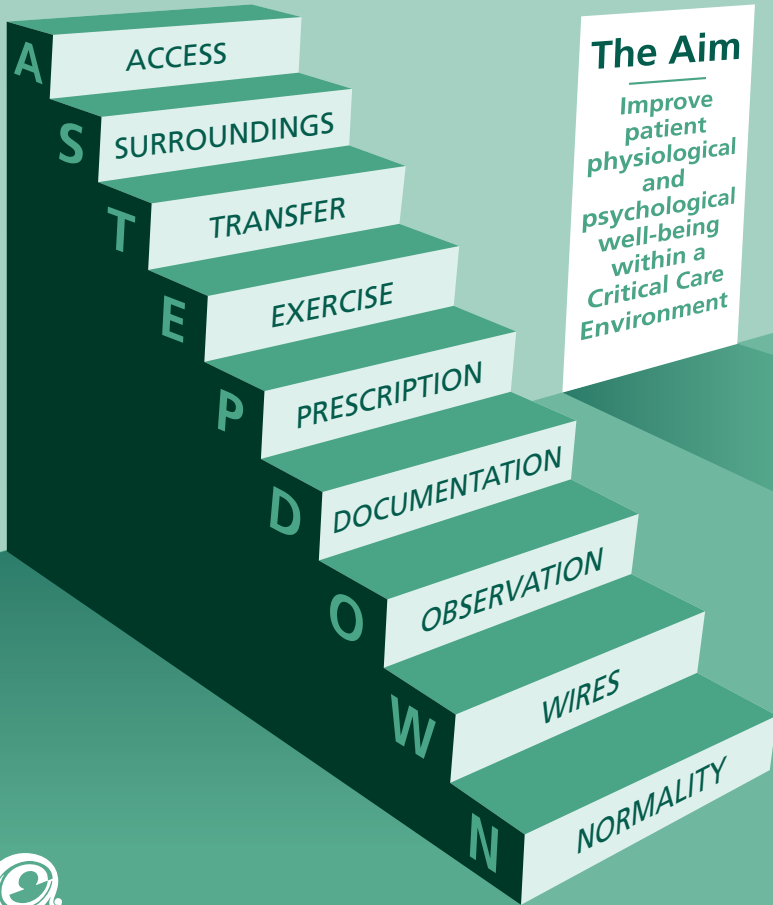
We will keep you involved in preparing for "step down" and the nursing staff will let your next of kin know.

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.

Ward L24 and Ward L25 are 32 bedded wards that care for patients who require neurosurgical or spinal orthopaedic care. The wards are used to looking after patients that have been on critical care.

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 but you will hopefully slip back into a 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.

You may also notice that there are patients on the ward that are agitated and confused - this is quite normal within a neurosurgical ward due to the nature of head injuries being nursed on this ward. Many bays in the ward may have staff members in there at all times to ensure safety of the patients.

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.

Therapies on the ward

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

Your lead Physiotherapist is:

The neurosciences physiotherapy team are involved in assessing and treating of patients with different neurological conditions, in both critical care and on the neurosurgery wards.

Physiotherapists will get you moving as soon as possible. This will be a joint effort between you and the physiotherapists where, if possible, they will be led by you - setting goals together.

Occupational therapists

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 if this would be beneficial to you. OT's will assess you in many different ways but they will mainly focus on helping you carry out your important day to day tasks. They will provide aids/equipment which are 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 by a tube into your nose/down to your stomach (NG tube).

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 problems. 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

Hydrocephalus Nurse Specialist

Fiona Evans offers support for both inpatients and elective patients in hospital and phone support post discharge (usually patients who have had a "shunt" fitted). She also provides a bridge between patients and medical staff to ensure that

patients questions are answered promptly.

Email: fiona.evans7@nhs.net

Head Injury Nurse Specialist

Derrien Guest is the head injury nurse specialist and his role is to support patients and families who have experienced traumatic head injuries. He also has links between the neuro-rehabilitation specialist team and head injury support centres.

Email: derrien.guest@nhs.net

Useful Telephone Numbers

Ward numbers

Neuro ICU

(0113) 392 7403

Neuro HDU

(0113) 392 7402

Ward L25

(0113) 392 7425

Ward L24

(0113) 392 7424

Staff numbers

Occupational Therapists

(0113) 392 5881

Physiotherapists

(0113) 392 5693

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 contacts:

- **Headway Emergency Fund** - The Emergency Fund provides grants of up to £500 in the immediate aftermath of brain injury, to help adult brain injury survivors and their families cope with the sudden practical implications. Most of the grants (82%) are used to help families be at the bedside of a loved one following a brain injury.
Website: <https://www.headway.org.uk/supporting-you/headway-emergency-fund/>
E-mail: emergencyfund@headway.org.uk
Telephone: 0208 640 8413
- **Spinal Injuries association** - A support charity for people suffering with spinal injuries
Website: www.spinal.co.uk
Telephone: 0800 980 0501
- **Brain and Spine Foundation** - useful information on this website about subarachnoid haemorrhage (SAH)
Website: www.brainandspine.org.uk
Helpline: 0808 808 1000
- **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.
Website: www.icuunwrapped.co.uk

- **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/

Tips:

- 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
- 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 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

You may feel anxious, frightened and confused. You may have trouble sleeping, eating, and moving. You may have lack of energy and memory. Or you may be relieved. This is all normal - please speak to your nurse looking after you.

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



What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

Your views matter



© The Leeds Teaching Hospitals NHS Trust • 1st edition (Ver 1)
Developed by: Janie Saxton/Critical Care Rehabilitation Team
Produced by: Medical Illustration Services • MID code: 20220720_032/BP

LN005420
Publication date
10/2022
Review date
10/2024