

# CARDIOTHORACIC INTENSIVE CARE UNIT RELATIVES INFORMATION BOOKLET



# Cardiothoracic intensive care unit

**This leaflet explains more about the cardiothoracic intensive care unit (CTICU).**

## **What is the cardiothoracic intensive care unit?**

In CTICU we care for patients who have had:

- heart (cardiac) surgery
- chest (thoracic) surgery
- heart problems
- Surgery on blood vessels (vascular surgery).

These patients require constant monitoring or treatment and often need complex equipment and medicines to support their normal bodily functions.

Patients who need the highest level of care will have one nurse who just looks after them. For patients who are less dependent, there will be a nurse for every two patients. We have 15 beds on CTICU and 6 beds on CTICU A.

## **What happens when a patient comes to the CTICU?**

It can often take more than an hour for the team to assess and stabilise the condition of patients brought to the unit. Relatives are asked to wait outside during this time so the medical team can carry out tests and observations - a lot needs to happen at once in a limited space.

We know that this must be very frustrating, but we have to focus on the patient's medical condition during this time.

We will try to give you as much information as we can, and will let you visit as soon as possible.

## **When can I visit my relative on the CTICU?**

Visiting hours are normally flexible for family and close friends, but please note the following.

The doors to the Atkinson Morley wing close at 10pm, so you will only be allowed to visit after this if you have arranged it already with the nurse in charge.

To get better, patients must rest; so we have a rest period between 1 and 3pm, when all visitors are asked to leave.

There is limited space around the beds, so we ask that only two people visit at a time.

CTICU is not a suitable place for young children to visit, but you can discuss special circumstances with the nurse in charge of the shift.

There may be other times when visitors are asked to leave, e.g. if we are doing a ward round and discussing confidential information.

## **What do I do when I arrive?**

When you arrive, you need to go to the visitors' waiting room and call the unit. The numbers for both CTICU and CTICU A are on the wall by the phone.

When you come on to the unit, please leave your coat on the hooks in the corridor and keep all valuables with you. To cut down the risk of infection, you will need to clean your hands with alcohol gel and put an apron on. When you leave you need to take the apron off and clean your hands with the gel again.

## **What if I have questions about my relative's condition?**

Please speak to the nurse looking after your relative who will be happy to answer any questions.

As the unit is very busy, it may not always be possible to speak with the doctors.

We can only discuss detailed patient information with the nominated next of kin, to ensure patient confidentiality.

## **How can I telephone the unit to find out how my relative is?**

Please nominate one person to call us for updates, who can then pass the information on to other relatives and friends.

Our telephone numbers are:

CTICU: 020 8725 1504 / 1505

CTICU A: 020 8266 6540

Please do not ring between 7.30 and 9am or 7.30 and 8.30pm if at all possible. This time is needed for the nurses to have a thorough handover and to check and care for their patients as they change shifts.

## **Who will be looking after my relative?**

All the staff in the unit work as a team to care for patients.

You will probably meet the following staff during your relative's stay:

- Doctors:
  - The most senior doctor in the unit is an intensive care **consultant**. Each week there is a nominated consultant responsible for the unit. A second consultant works alongside them, who can change daily.
  - The consultants are assisted by doctors called **registrars**.
  - There are also **junior doctors** called clinical fellows who manage most of the day-to-day care of patients.
- The **matron** manages the intensive care unit. If you have any problems or questions that have not been resolved at the patient's bedside by the staff or the nurse in charge, please ask to speak to the matron.
- Nurses:
  - The highly trained, specialist nursing team is run by a team leader, who is known as the **sister** (if female) or **charge nurse** (if male).
  - They are assisted by **staff nurses** who care for individual patients.
  - The nurses are supported by **health care assistants**, who perform basic nursing tasks and help the staff nurses with washing and moving patients as well as general household tasks.
- Support staff include:
  - receptionist
  - unit secretary
  - housekeepers
  - domestic assistants
- Other members of the healthcare team also visit the unit e.g.:
  - **physiotherapists**, who may treat a patient to try to clear up a chest infection or help patients exercise their limbs to be able to stand, walk and sit in chairs, for example
  - **radiographers**, to take x-rays or perform ultrasound scans of patients on the unit
  - **pharmacists**, to monitor patient's medicines and make sure CTICU has enough
  - **dieticians** to make sure each gets the right food and amount of calories and nutrients
  - **ECG technician**, to take electrocardiograms to monitor the heart and show us how it is working.

## What typically takes place during the day?

Throughout the day, there are:

- doctors' ward rounds
- nursing duties and handover
- x-rays and other scans
- physiotherapy
- treatments
- rest periods.

## What does all the equipment do?

There is a lot of equipment on the unit, which you may find confusing or upsetting.

It is all there to help our patients, and may include the following.

### **Breathing equipment**

A ventilator is a machine that helps patients breathe. Doctors insert a tube through either the mouth or nose and into the windpipe, which leads to the lungs. The tube, (an endotracheal tube), is connected to a machine which blows air and extra oxygen in and out of the lungs. The machine can 'breathe' completely for a patient or can be programmed to support the patient's own breathing.

If the ventilator is supporting breathing, the patient is normally sedated which means that we give them medicine to bring on a deep sleep, which they wake up from when the drugs are stopped.

This deep sleep keeps the patient more comfortable and makes it easier for the ventilator to work.

Whilst asleep or sedated, the patient will still sometimes breathe, cough or move, but they usually can't answer questions or wake up, which may be worrying for you.

Remember this is not the same as being in a coma and your relative will wake up when the medicines are stopped, unless their medical condition prevents this.

A patient can be gradually taken off the ventilator when they start to get better.

This is called 'weaning' and can take different amounts of time depending on their illness.

The numbers on the front of the ventilator constantly change. This is normal and tells us about the size of breaths the ventilator delivers each time.

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. In this case, the patient will have a minor operation to have the breathing tube put through a hole made in their throat. This can look a bit strange, but is quite comfortable for the patient compared with having the tube in their mouth. To begin with a patient will not be able to use their voice. Later on, when they are stronger, the tube can be changed to one which allows some speech.

### **Neck lines (also called infusions)**

All patients in CTICU will need some extra fluid, usually given through a drip. Pure and clean (sterile) fluids are given directly into the patient's veins in the side of their neck.

Different types of fluids are given through drips, including:

- **blood**, which the patient might need if their blood levels are below normal
- **medicines**, often needed by patients in CTICU
- **Re-hydration fluids**, which may be needed for getting the right balance of water in the body or keeping blood pressure normal, for example.

### **Cardiac monitor**

The cardiac monitor looks like a television set attached to the wall above the patient's bed.

There will be a number of different leads coming from the monitor to measure things such as heart rate and blood pressure.

One set of leads from the monitor connects to sticky pads attached to the patient's chest to monitor heart rhythm. The machine picks up electrical signals from the heart to check for anything unusual.

It is normal for the numbers to keep changing and sometimes the monitor will flash and sound an alarm. This is just to tell the staff nearby that their attention is needed, so please don't be worried. It does not mean that there is an emergency.

### **Drainage tubes or chest drains**

These are tubes placed around the heart after an operation to drain away any blood that may collect. This is normal, and the tubes are usually removed before the patient returns to the ward.

The patient might come back to the ward with the tubes still in place if more blood still needs to be drained.

## Urinary catheter

The nurses need to measure how much urine a patient passes in an hour. To do this, a tube (catheter) is placed into the patient's bladder and attached to a bag, which you will see at the side of the bed.

## What can I bring for my relative?

We have limited storage on the unit, so we ask relatives to take home all property other than toiletries (e.g. soap, toothbrush, toothpaste, razor and shaving lotion).

Patients who are staying longer than a few days might need a few extra items, e.g.:

- glasses (please label these)
- dentures (please make sure these are in a labelled container)
- Favourite music to play on a personal device.

We ask you **not to bring flowers** or plants to the unit for health and safety and infection control reasons.

## Can I use my mobile phone?

Please make sure **mobile phones** are **switched off** within the unit. They can be used in the waiting room.

There is a phone extension in the relatives' room that takes incoming calls.

The number is: **020 8725 4428**.

Please do not stay on this phone for too long – it is used regularly to call into the unit to check if people can come in to see their relatives so needs to be free for all families to use.

## What facilities are there for relatives?

**Cash machines** can be found inside the hospital, on the ground floor of Hunter wing (in the university) and in the main entrance (Grosvenor wing).

There are also **shops** in the main entrance of Grosvenor wing, Marks and Spencer's food hall and One-stop shop for newspapers etc.

There is a **dining room** on the first floor of Lanesborough wing which is open Mondays to Sundays 7.30am to 7.45pm. It sells sandwiches, soup, snacks, fruit and drinks, as well as hot food at meal times.

Peabody's **café** is on the ground floor of Atkinson Morley wing and is open from 7.30am to 7.30pm, selling sandwiches, snacks, fruit, cakes and drinks.

If you are spending long periods visiting, it is important that you eat and drink yourself. There is a **fridge** and a **hot water dispenser** in the visitors' waiting room.

There are also banks and shops in Tooting High Street, which is a short walk from the hospital.

### **Parking**

Please note car parking at St George's is limited. There is a pay on exit car park and spaces for disabled blue badge holders. Parking permits are available at a reduced rate for **one family member only** (please speak to the ward receptionist or the nurse at the bed space).

### **Overnight accommodation**

The Pelican hotel is within the hospital grounds the Holiday Inn and Travel lodge are within a 15 minute walk. Please speak to the ward receptionist or the nurse for more information.

You could also pop into the Patient Advice and Liaison Service (PALS) for more information. PALS are located on the ground floor of Grosvenor wing.

### **Spiritual or religious needs**

There is a chapel on the ground floor of Grosvenor wing opposite the PALS office. It is open to all for personal prayer or reflection and services are held regularly.

Our chaplaincy team is very experienced in offering spiritual, religious and pastoral care to patients and their families. The chaplaincy team includes representatives of different faith groups.

A member of staff can get in touch with the chaplains for you, or their number is **020 8725 3070**.

### **What happens when my relative leaves the unit?**

We are all different and get better at our own pace.

When patients can breathe on their own and no longer need the specialist skills of the CTICU team, they move on from the unit.

Short-term patients will go to a ward within this hospital.

Patients needing longer-term care may go to a ward within this hospital or back to their original or local hospital.



Your relative might be moved to any of the following cardiac wards at St George's:

<b>Ward name</b>	<b>Telephone number</b>
<b>Benjamin Weir ward</b>	020 8725 1508 / 1509
<b>Belgrave ward</b>	020 8725 1567 / 1568
<b>CCU</b>	020 8725 3166
<b>Caroline ward</b>	020 8725 1292 / 3647
<b>Cheselden ward</b>	020 8725 3188

Patients who have stayed 5 days or more may be offered a critical care follow up appointment this will be explained by the liaison Nurse who may visit the patient on the ward.

### **Useful sources of information**

You might find it useful to look at the critical care information, in the patient section of the St George's website: [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)

### **Contact us**

If you have any questions or concerns about the cardiothoracic intensive care unit, please speak to a member of staff to the nurse looking after your relative, or the nurse-in-charge, matron or doctors will be happy to speak to you and answer your questions.

You can also contact the unit on 020 8725 1505 / 1504 **for more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit** [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)

*With acknowledgement to Eunice Tolufashe, Senior Staff Nurse CTICU, for her Contribution.*

## **Additional services**

### **Patient Advice and Liaison Service (PALS)**

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9am and 5pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough Wing (near the foyer).

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

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### **NHS Choices**

NHS Choices provides online information and guidance on all aspects of

Health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

### **NHS 111**

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.