

Episode 16 – Your Intensive Care Unit Stay

(Intro) Rosie: Do you have upcoming surgery? Are you feeling a little bit overwhelmed? Then this is the podcast for you. Welcome to Operation Preparation. You are listening to the Pre Anaesthetic Assessment Clinic podcast, or PAAC for short, from St. James's Hospital in Dublin. Here we put together a series of short episodes to help you, your family and your loved ones learn more about your upcoming perioperative experience.

Julie: Welcome to episode 16 of Operation Preparation. Today we will be talking about the Intensive Care Unit. My name is Julie Barrett, I am a junior doctor in anaesthesia and here with me today is Roseann Murray, our clinical nurse specialist. We are delighted to have doctor Carrie Murphy, Consultant Intensivist and Anaesthetist, and critical care advanced nurse practitioner, Louise Mullen with us. So, Carrie to begin, what is the intensive care unit?

Carrie: Thanks so much for having me, Julie and Rosie, it's great to be here. So, I guess the intensive care unit is, or as we call it, the ICU, is a specialised ward in the hospital, and it looks after patients who need more intensive support. So, people who need help with their breathing. So sometimes with a breathing machine and a ventilator. Sometimes people need help with their kidneys and we use dialysis machines to help that. But often most of, a lot of our patients need help with their blood pressure, they need some blood pressure support. We give this by giving an infusion of medications to keep your blood pressure up, sometimes after an operation or when you're sick. And I guess this can only be done in the intensive care unit because it needs close monitoring and specialised care. So that's kind of what the intensive care unit is.

Rosie: Thanks Carrie, and why would someone need to go to the ICU after an operation?

Carrie: So, I guess there's lots of reasons people need to come to the intensive care unit after operation. And it depends on the operation and the conversations you've had with your surgeon and also in the pre anaesthetic clinic. So I guess the different types of operations, sometimes the duration of them, whether they're very long or complex operations, or sometimes if you need specialised monitoring afterwards, as I mentioned, or needing different types of medications. As I mentioned in my previous answer, I guess a very common reason is people need help with their blood pressure or blood pressure support after an operation.

Another type of kind of patients that often come to us after an operation and it's planned are those who are having ear, nose and throat operations or sometimes operations with our maxillofacial surgeons, and they have a planned tracheostomy afterwards, and that's a tube in the front of their neck. They come to the intensive care unit afterwards for more specialised monitoring and to ensure that they kind of wake up and that their breathing is very comfortable and that they can be reassured by both our doctors and our nurses in the intensive care unit.

Julie: Great, thanks so much, Carrie, that makes things a lot clearer. But can you tell me, what should I expect while I'm on the intensive care unit?

Carrie: What to expect in the intensive care unit? That can be probably a bit of a long answer. But as mentioned in previous podcast episodes, some patients wake up in theatre and they go to theatre recovery and then go to the ward and sometimes they come to ICU. And as I previously mentioned, when you're having a general anaesthetic, you either have a breathing tube down your throat to make the breathing safe, or sometimes you have, as I mentioned in my previous answer, a tracheostomy. Those patients come to ICU and sometimes they're woken up in ICU, so a little bit different. What we do is we have a nurse for every patient. So you're always very safe and you're very closely monitored and we give you medicines kind of like a general anaesthetic, but less sleeping medications and also pain medications after your operation. As we're waking you up after the operation, those medications come down, but they can have different effects on people. Sometimes people can feel like they feel very unlike themselves or have some strange thoughts or see some things that probably might not be there. And we make sure that the nurse at the bedside is reassuring you and telling you everything's okay and will explain to you exactly what's happening.

Another thing that I think that has been mentioned in previous podcast episodes as well is that when you're in ICU, you have a lot of monitoring. So you've like dots on your chest, you have blood pressure monitoring through a drip in your wrist, which is your arterial line. You often have a central line, so either a drip in your neck or in your groin that allows us to give you different types of medications like the blood pressure supporting one I was talking about. So a lot of patients in the intensive care unit also have a urinary catheter. This allows us to look at the amount of urine you're producing, which is important for us to keep an eye on how your kidneys are doing.

But I guess what's really important to know about the ICU is that it's there to look after you and keep you safe, but it can also be a very busy and noisy place. And that's probably going to be a bit of theme in our answers and just trying to reassure you and let you know and expect what to expect after your operation.

Rosie: That's great, thanks Carrie, and like that, the lines were covered in episode 10, and it's great to see how they're used in the ICU as well. And for anyone who's interested, there is a video for that in the show notes in episode 10 that can show you what all of those lines look like. But Louise, I'm going to direct the next question to yourself. So who's going to look after me while I'm in the intensive care unit?

Louise: So as Carrie has already alluded to, there's many different team members working in the intensive care who will help you recover from your operation. Your ICU nurse is with you at all times of the day and your nurse will monitor your vital signs closely after your operation. Your nurse will take any blood tests you need, give all your prescribed medications, administer your nutrition and facilitate your hygiene and mobility needs. Your nurse is on hand to answer any questions you have and give reassurance.

Working with the nurses at the bedside are experienced ICU clinical nurse managers and there's lots of ICU nurse educators also across the intensive care. The ICU consultant is the team lead. They coordinate and plan all medical investigations and treatment you need and they closely communicate with your surgical team on a daily basis. The ICU consultant will

usually see you in the morning. Other team members in the ICU will have input into your care. Physiotherapists see you after an operation to ensure you're able to deep breathe and cough sufficiently, they help you mobilise and improve your strength. Dietitians will ensure you are receiving enough nutrition, and a speech and language therapist will see you if appropriate.

Julie: Great, thanks so much Louise, and if I am a patient on the intensive care unit, what will my day look like?

Louise: Yeah, so it's very busy in the intensive care unit. There's always a lot going on. As mentioned, you will have one nurse dedicated to your care at all hours of the day. The ICU nurse will direct and coordinate all aspects of that care, give your medications, ensure your pain needs are met and carry out any tests requested by the ICU team. The morning time is the busiest time in the unit. If you can eat, you'll be offered breakfast in the morning. And if you're awake and well enough, you'll be encouraged to sit out of the bed. Mobilising is very important for recovery and preventing post-op complications. If you're having difficulty with your mobilising, we can assist you out of the bed with mobility aids, for example, by using a hoist. A member of the physio team will work with you during the morning. They'll give you exercises, particularly to your point of recovery. And then the ICU consultant will see all their patients in the morning, and they'll make plans specific to your condition and point of recovery. You'll be offered lunch if you're eating around 12 o'clock and then you'll also get some dinner around 5. You'll have visitors in the afternoon.

As you can see, it's a very busy day in the intensive care unit and lots of patients are having different tests and procedures throughout the day. As Carrie has alluded to previously, it can be very noisy from monitors and equipment, but the staff make every attempt to reduce the noise and keep the unit calm at all times so you can rest and recover from your surgery. Nursing handover takes place twice per day in the ICU, in the morning and the evening. And this handover takes place at your bedside so the nurse can clearly hand over everything to do with your care to the nurse coming on duty.

Julie: Thanks so much, Louise. That's really insightful into a day in the intensive care unit. Carrie, I may ask this one of you, can I sleep while I am in the intensive care unit?

Carrie: So, yes, is the quite simple answer, but I guess it's probably a bit more complex than that. But what's really important is that sleep is very important for your recovery, especially after an operation or anybody who's sick. As we've mentioned a few times the intensive care can be a noisy place. You're continuously hooked up to monitors as are all the other patients in the unit and these can alarm. The nurse at the bedside will be there to reassure you that everything's okay but this can take a little bit of time to get used to. In the evening, we try and turn the lights off, you'll have your hygiene needs met, you'll get your evening medications and this would be the time for the intensive care unit to get a little bit calmer than it is during the day. We can give you night masks and earplugs on hand if that's something that would help you. And we try and keep the noise to a minimum. So hopefully you'll have a restful sleep.

Julie: Great, thanks so much, Carrie. So, Louise, can my family and friends visit me when I'm a patient in the intensive care unit?

Louise: Yes, of course they can. We encourage close family members to visit you. This helps to orientate you and give you reassurance after your operation. It can be a great comfort to see someone dear to you after that operation. Sometimes, however, you may not feel ready to have visitors. You may just want to rest and take sleep, and this is okay too. Whatever you need at the time. The intensive care in St. James's has set visiting hours between 2pm and 7pm. However, we encourage you to check your local visiting times, depending on the hospital that you're attending. We do limit visits in the morning as it's quite busy with doctors doing rounds, and then we don't permit visitors during nursing handover in the morning and evening. If your relative cannot visit at the set visiting times, we encourage you to chat with the clinical nurse manager and we can usually accommodate an alternative suitable time.

Rosie: That's all really reassuring, but what advice would you give to someone who's having a planned admission to ICU or what would you advise their family and friends to pack for them or to bring in for them if they're going to ICU?

Carrie: Oh, that's a really good question actually, I guess if you haven't been an inpatient in a hospital before or had a protracted state, I guess you don't really know what you're meant to bring. Things that would probably be very helpful or specific to the intensive care unit is like pyjamas with buttons down the front to allow having the monitors on but also you to not be in a hospital gown so you feel a bit more like yourself. Chargers with extra-long cords because where the plugs are they're a bit further away from the bed space than normal. Like a tablet, like if you have an iPad or whatever tablet you have that can be helpful just to read the paper and stuff. And maybe some headphones as well, that allows you to either listen to your own radio or whatever, but also potentially, as we've alluded to a few times before, to maybe block some noise out. Anything else, Louise? What do you think?

Louise: I think slippers are really useful to help you get up and mobilising, that's one of the most important things is to be able to get up and walk. So, bring a good pair of slippers.

Carrie: Yeah, I totally agree. And I guess having your own pyjamas helps prevent that kind of pyjama paralysis, you know, you want to be able to feel like yourself and I think part of getting better is to start putting on your own clothes and stuff.

Rosie: Great. And how long should a patient expect to stay in the intensive care unit?

Carrie: So I guess that depends on the surgery and the type of surgery they had and the care needs afterwards. I guess when you're thinking about somebody who's able to not be in the intensive care unit anymore, like what does that look like? I think that looks like somebody being off things like those blood supporting pressure medications we talked about, somebody having stable vitals. So, you know, their heart rate is stable, their blood pressure is stable without the help of other types of medications and that their oxygen levels are stable or they don't need as much help with their oxygen with kind of a mask or nasal prongs. And then we'd say you're probably ready to be able to go out to the ward. How long

can that take? It really depends. It can either be a few days, it can be a week or it could be a bit longer. And I guess you'll be in the intensive care unit and be, you know, monitored and looked after there for as long as you need to be. But the key thing about that is we'll always communicate that with you if we think that you're suitable to be able to go to the ward with you and your family. And it's a great thing.

Julie: Great. Thanks so much, Carrie. So, you mentioned there about getting back to the ward after your time in the intensive care unit. Louise, I might ask you, what happens when I do leave the intensive care unit?

Louise: Yeah, so as Carrie has said, it's good news for patients when they are told they're transferring out to ward level care. This means you're recovering well after your surgery, things are improving and you're getting closer to getting home. However, for minority patients, it can be frightening to leave the intensive care. During the ICU time, you've had one nurse with you monitoring you at all times and answering your questions. On the ward, you'll have one nurse who has many more patients to look after. This is different to being on the ICU where you have one nurse looking after you at all times.

To ensure your safe transition out to the ward, one of the ICU advanced nurse practitioners, such as myself, will come to see you on the day after you move to the ward. Like myself, I'm an experienced ICU nurse and will ensure that everything to do your care has been handed over clearly to the ward staff, that you're comfortable and you understand everything you do with your care. We can answer any questions you have about your time in the ICU and talk about your path to recovery.

Rosie: Thanks, Louise. It's great to know that there's a safety net there for patients who go from ICU to the wards. So, what would you say are the key take home points on this episode on the ICU for our listeners here today?

Carrie: I guess that the intensive care unit exists and that it's a specialised area that's there to look after patients, especially after kind of complex or long operations. That, you know, there's a large team with doctors, consultants, junior doctors and our nursing staff, like our advanced nurse practitioners, our clinical nurse managers and the nurses at the bedside and the educators. And there's loads of us, but we're all there to look after the patients. That sometimes it can be a noisy and busy environment, but that all of that is there to keep patients safe and to look after you the best you can. And that we will continuously try and communicate with you and reassure you after your operation about what's happening and the next steps for you.

Julie: Thank you, Carrie, that's a lovely way to finish this episode of Operation Preparation on the Intensive Care Unit. From Rosie and myself, we would like to thank Carrie and Louise for joining us today. Be sure to tune in to our next episode, 17, Anaesthesia During Pregnancy. Thank you for listening.

(Outro) Aislinn: You have been listening to Operation Preparation, the Pre Anaesthetic Assessment Clinic podcast from St. James's Hospital, Dublin. Don't forget to subscribe and check out our website, links and abbreviation in our show notes to learn more about the

topics we've covered today. If you have a question that you would like us to cover here, email us at operationpreparation@stjames.ie. Thank you for listening. Until next time.