

## Intensive Care Unit

# Recovering from a Critical Illness – After ICU

Patients are moved from the Intensive Care Unit (ICU) to a medical or surgical unit when their condition has improved and they no longer need the specialized care of the ICU team. The ICU doctor, together with your ICU care team, decides when you are well enough to move to a medical or surgical unit. This pamphlet tells you what to expect with your recovery as well what to expect while on the medical or surgical unit.

## Recovering from a critical illness – pain

People experience pain for many reasons. No matter what your pain is from, it is very important that you report any type of discomfort or pain to your nurse so we can treat it quickly. We usually use medicines to control or relieve pain. Sometimes we will combine the medicine with other therapies.

Do not wait until your pain gets really bad before telling your nurse. When we treat pain right away, you are more comfortable while you heal. It also helps your body to recover when you can move around with little or no pain.

## Breathing

You may notice:

- Changes with your voice or have a sore throat. (This is temporary.)
- Your breathing is not as strong as before and you tire easily.
- Wheezing, congestion or degrees of shortness of breath.

Let us know right away if you have any trouble breathing or if your breathing gets worse in any way.

## Eating

You may find swallowing uncomfortable. Some people still need to be fed through a feeding tube after leaving ICU so that they get the nutrition they need.

You may not have an appetite or foods and fluids may not taste the same as they once did. This is common and does not last. Taste changes can include foods tasting saltier, tasting sweeter, or having an unusual metallic taste.

Even though you may not feel like eating, it is important that you eat. Eat small amounts often. This may be much easier than trying to eat a large plate of food. The dietitian can help you with your meal choices and planning. If you are feeling sick to your stomach (nauseated), let your nurse know. We can give you medicine for this.

## **Mood and memory**

You may have trouble remembering things. Your illness and the medicines we gave you in ICU may cause you to not remember much of what went on during this time. You can also have changes in your mood. You may feel sad, angry, or happy from one minute to the next. You may have trouble concentrating. You may feel full of energy then have no energy at all. These are normal reactions to illness and should decrease over time. Talk with your nurse, doctor, or social worker about your feelings, as well as any worries or concerns you may have.

## **Sleep**

It is common to have temporary changes in your sleeping pattern. You may have trouble getting to sleep or you may wake up often during the night. Some people have nightmares. If you are having any problems sleeping, talk to your nurse or doctor.

## **Appearance**

Your body may appear swollen. This goes away over time. You may have lost muscle tone. Your muscle strength should return as you become more active and with exercise. Sometimes people notice the texture of their hair or skin has changed such as being much drier than before. These changes usually go away. You may have some scars or marks left on your skin. These are from the procedures we needed to do to you while in the ICU. Most will fade.

## **Supports**

Critical illness is a traumatic event for both you and your family. It is normal to feel stressed, anxious and tired. You and your family may find it helpful to be talk with a social worker or pastoral care worker. Talking over what has happened will help you work towards your recovery.

## **After ICU care – the medical or surgical unit**

Compared to the ICU, there are differences in the rooms, the equipment, the visiting hours, and the number of nurses on your new unit.

## **Rooms**

Units have a mix of four bed rooms, two bed rooms, and single bed rooms. Like being in the Intensive Care Unit (ICU), both men and women could share a room. We mainly use the single and two bed rooms for patients who need them for special medical reasons.

Each patient room has a bathroom with a toilet and sink. Each unit also has a central bath and/or shower rooms.

## Your care

On your new unit, nurses have 4 to 6 patients each in their care. (Some units have fewer nurses working during the night.) While the nurse will be nearby, your nurse will not be at your bedside all the time. They focus on the sickest patients first. If you need help or want to speak to your nurse, use your call bell. Your nurse may not be able to respond to every request right away. Please keep your call bell within reach at all times.

The hospital has a Clinical Resource Team who goes to your new unit to check on your progress during the first few days out of ICU. The Team is made up of nurses from Critical Care. The Team works with your nurse to address any concerns.

Your ICU doctor continues to check on your progress for a couple of days after leaving ICU. However, your main or primary doctor is now your medical doctor or surgeon. Your main doctor comes in each day to assess you and decide your treatment plan.

## Visitors

Visiting hours vary with each unit. Check with your nurse as to what the visiting hours are for your new unit. Some units have a patient lounge. If available, you can use it to visit with family or watch television.

## Entertainment

If you want to have the television activated at your bedside, there is a cost. The TV Attendant comes around each day to do this.

Volunteers come around units with books you can borrow.

## Your care team

In addition to the nurses and doctors, each unit has a pastoral care worker, social worker, physiotherapist, occupational therapist, as well as others who work with you to plan for going home.

For more information on your new unit, ask your nurse.

If you have any concerns about your care or have any specific needs, ask to speak to the nurse in charge on your new unit.