

Manchester Royal Infirmary

Critical Care Recovery Manual

For any questions or advice in relation to your critical care stay contact:
Critical Care Follow Up Team (0161) 701 6028



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The Critical Care recovery manual – Where to start

This book has been designed to help you recover in the quickest and safest way. It has been written using information that patients have given us over many years.

- It can answer some of your questions.
- If you live with someone it can help them to understand what has happened.
- There are simple exercises to do and advice on lots of areas of recovery.

Information after critical care

The change from critical care setting with one to one nursing, to that on the ward can sometimes make patients apprehensive. The wards will have fewer nursing staff, which reflects your health improvement and increased independence. While on intensive care you may have felt that you had little control over what was happening to you, but now you are on the ward you can start to regain control and take some responsibility in your recovery.

Working with the physiotherapists to regain mobility and the dietitian to improve your nutrition will help you get better quicker and leave hospital earlier. You will routinely be seen after your discharge from intensive care on the your ward by a member of the Critical care follow up team. They will assess that you are getting nutrition, starting to mobilise, not unduly anxious or low in mood and starting to get back a normal sleeping pattern. This assessment will help the team judge how much follow up you may require. If you have any worries about your stay in intensive care or your recovery please discuss this with them. Three months after your discharge from intensive care you may receive a letter offering you an opportunity to discuss any issues relating to your intensive care stay, but you can contact the follow up team at any time using the numbers on the front of this manual.

When you have been ill, it can take quite a while to get back to feeling your normal self. Exactly how long this will take will depend on things like the length of time you have been ill, whether you have lost a lot of weight and whether your illness means that you will have to change some aspects of your lifestyle. This section describes some common problems that can occur and suggests simple ways you may like to try to solve them. We should emphasise that this does not mean that you will suffer from them, but a number of our patients do complain of problems in these areas.

Common questions that worry patients and their relatives

Why did I need to go to the Critical Care Unit (CCU)

You will have been admitted to the CCU because one or more of your organs e.g. heart, lungs or kidneys was not working properly and they needed support. When you are sick your breathing becomes hard work and you may have needed assistance of a breathing machine (ventilator) to take over the work of breathing for you.

Initially this is done through a tube in your mouth which goes down into your windpipe. This is attached to the ventilator. You may have some memory of this being taken out as you woke.

Why did I have a tracheostomy?

A tracheostomy is a small opening that is made into the windpipe through the front of the neck and a plastic tube is inserted. It is required for some patients to ease the transition from a breathing machine to breathing independently. The tracheostomy allows us to remove the tube which was initially used that was in the mouth. Unfortunately the tracheostomy stops air going through the voice box so you are unable to talk. Following removal of the tube it may take up to six weeks to heal and close. Initially you need to remember to place a flattened hand over the dressing when you cough to stop air leaking out. After a tracheostomy there is a small scar left on the front of your neck. If after the tracheostomy has healed you experience painful swallowing or the feeling that something is stuck at the back of your throat then a referral to ENT (Ear, Nose and Throat) may be necessary.

Why is my voice and swallow affected?

The tube which is attached to the breathing machine passes through your vocal cords to the windpipe to allow us to help your breathing and sometimes the cords can be damaged. Your voice may be quiet or hoarse initially but usually returns to normal as you recover physically. In a few cases this does not happen and a referral to ENT (Ear, nose and throat) team for an assessment will be made. If you are concerned about your voice please speak to a member of staff.

If you have had a tracheostomy, the same situation may occur as the tube bypasses the vocal cords. Again initially your voice may be hoarse after the tube has been removed. If this persists a referral to ENT may be made. Patients who have had a tracheostomy are assessed to check that their swallow is safe before they start eating and drinking. Problems with swallowing in the initial stages of your recovery may be due to muscle weakness and lack of co-ordination of the muscles. If anything passes into the lungs you may develop a chest infection therefore if the doctor is concerned he will not allow you to eat (you would be fed by other means e.g. naso gastric tube) and a Speech Therapist will be asked to assess your swallow further.

Could it happen again?

The majority of intensive care patients do not get readmitted to intensive care.

If your admission was due to an acute episode of a chronic illness, then that question is harder to answer and needs to be asked of your doctor.

Why do I need to do breathing exercises?

The breathing muscles will be weaker following your stay on CCU and also you may produce more phlegm than usual, which needs to be cleared out of the lungs. The physiotherapist will teach you breathing exercises and techniques to help to clear the phlegm and improve the function of the lungs. Every half hour you need to spend a few minutes actively concentrating on your breathing by doing 4 additional deep breaths (maximum) to strengthen the breathing muscles and help prevent a chest infection. You should continue to do this whilst you are an in-patient.

You will be provided with an incentive spirometer which you can use to practice your breathing exercises.

Why can't I remember what happened to me?

The drugs given to you whilst on CCU to make you comfortable with the breathing machine have an amnesic effect, i.e. they can make you forget. The fact of being so ill also has the effect of making the memory very hazy or completely absent.

While you may never remember exactly what happened, you can build up a picture from your relatives and from the staff.

Sometimes although patients can't remember being in intensive care they may find that they feel panicky or get frightening pictures coming into their mind. All that has happened is something has prompted you to remember some deep memories that you didn't know you had. If this happens to you and you are worried about it, it may help to talk to a member of your family, ward staff or ICU follow up team. If at home, it may be helpful to discuss this with your GP. Usually these feelings and pictures gradually lessen as time goes by. In order to help you visualise what the unit looks like some pictures are included below. You may want to go through these with the follow up team.

The Intensive Care Unit

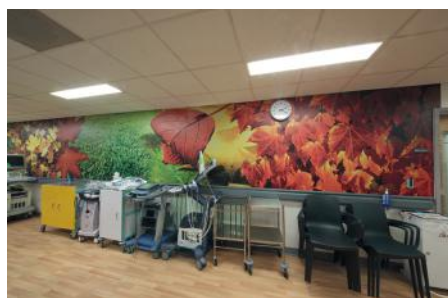


This is the main entrance to the Critical Care Unit, situated on the first floor, purple zone, Manchester Royal Infirmary.

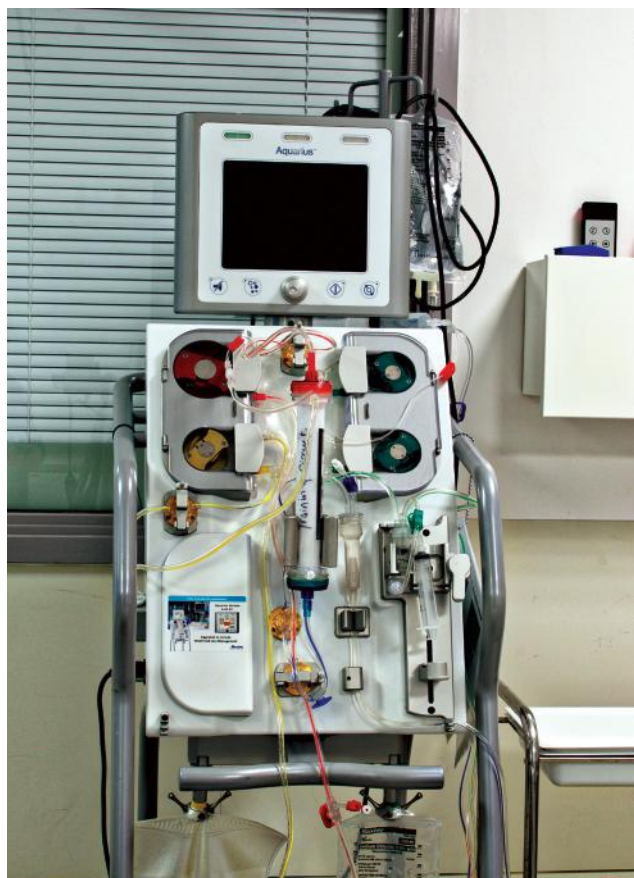
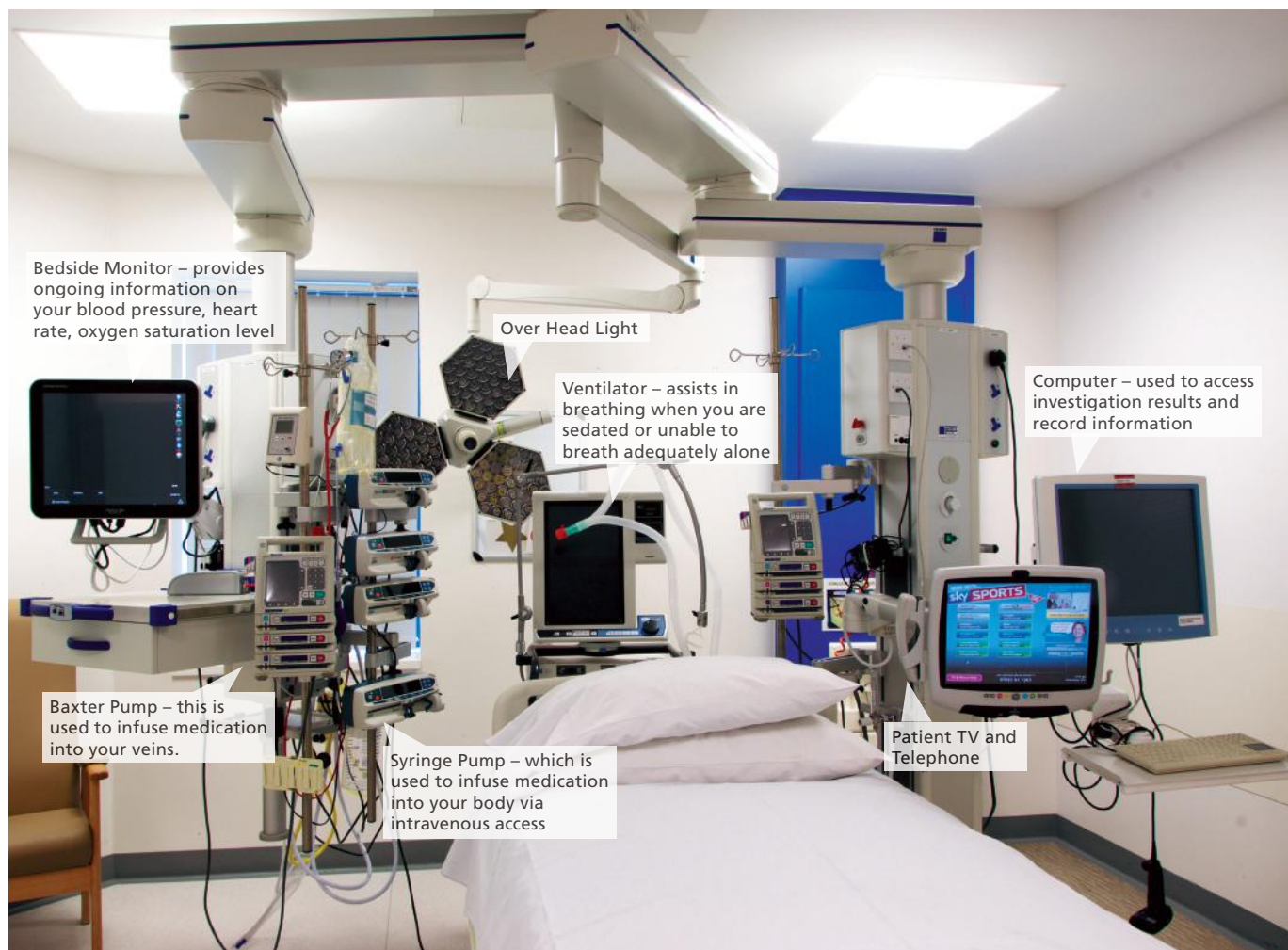


The relatives lounge is located opposite the main entrance to the Critical care unit.

The Intensive care Unit has 7 side rooms and a further 13 beds in the open plan bays.

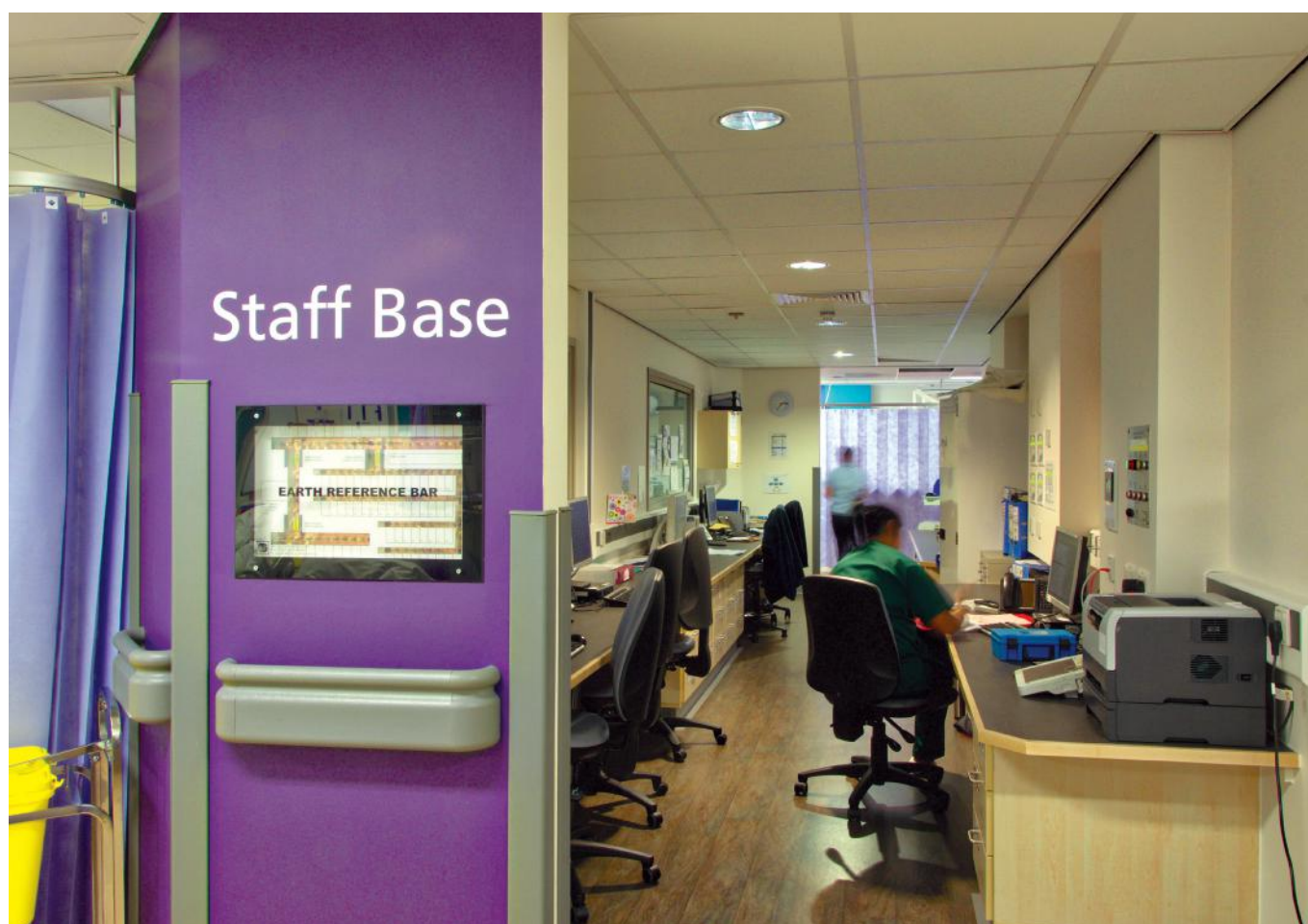


The Intensive care bed space and equipment



Haemofilter – Used to filter your blood if kidneys are not working effectively.

The HDU has 2 side rooms, a 3 bedded bay and a further 15 beds in the open plan bays.



Why do I find it difficult to concentrate or remember things?

For much the same reason as you may get hallucinations or strange dreams, your concentration and memory are usually worse, taking longer to recover the longer you have been on ICU. Approximately half of all CCU patients have no memories of their stay. You may find it hard to concentrate on conversations and retain information given to you so it may be helpful to write it down. Even noises or watching the television may annoy you as you are unable to concentrate for long periods. This recovers as you physically improve and are sleeping better. Any concerns please discuss with the follow up team.

You can improve this yourself by trying to read for short periods at a time eg magazines or a newspaper. Initially you may find it hard to retain the information but persevere as it will help. Doing things like crosswords can also help.

Why was I so swollen?

When you lay flat in bed your circulation does not work effectively and when you are sick you often need lots of fluid via a drip. Water 'leaks' or passes out of the circulation into your tissues making you look very swollen. You may be given special stockings and a small injection to help your circulation.

Why am I on more or different tablets than before I came into hospital?

Critical illness has many effects on the body and it is common for new drugs to be started during your in hospital or doses of medication altered or drugs stopped. If you have any questions about your tablets please discuss with your doctor. (see medicine section). Once you are at home discuss them with your GP.

When can I drive again?

You will need to discuss this with your consultant and you may need to inform your insurance company about your critical illness.

Other common problems

Sleeping

You may find that your sleeping pattern has changed. It may be more difficult to fall asleep or your sleep may be broken. During the time you were on the breathing machine we gave drugs to keep you asleep, but this was not a normal sleep as your brain did not slow down as it does in normal sleep. When you sleep normally at home your brain slows down overnight and when you wake up in the morning your brain is refreshed, this is one of the reasons why we all sleep.

In a drug induced sleep your brain does not slow down and you do not go into the deeper levels of sleep, so when we stop these drugs to wake you up your brain is in fact sleep deprived and extremely tired. It often takes time to re-establish a normal sleep pattern.

When your body is not active it does not need as much sleep, so as you increase your activity, you should find your sleep pattern returns to normal. It is worth trying one or more of the following options:

- A bath or shower shortly before going to bed
- Relaxation techniques (see page 13)
- A bedtime drink, but avoid tea, coffee or large amounts of alcohol
- Reading
- Listening to the radio or music
- Writing down your worries

If you find you are sleeping during the day, make a conscious effort to reduce the length of time you sleep and your night time sleep should then start to improve. Catnapping for less than 20 minutes in the day may be beneficial to becoming rested. Being awake at night can be worrying, things easily seem to get out of proportion. This is quite normal but when you have been ill, it is often harder to cope. Finally, the most important thing is not to worry about a lack of sleep. Some patients may require night sedation for a short period to help them establish a normal sleep pattern.

Nightmares/Hallucinations

Some of our patients are bothered by nightmares when on intensive care. They may be very vivid and frightening. These usually subside over a few days or weeks and it is quite common to experience this. Similarly some patients experience hallucinations or feelings that someone was trying to hurt them while they are in intensive care. These dreams or hallucinations can be sounds or things you see. People regularly see bright lights, strange shapes, animals or insects wandering around the unit. The thoughts and feelings you experience are very real and are clearly remembered. These dreams or hallucinations may have caused you to act completely out of character, said or done things that you would not normally do. You may have found this distressing when you remembered your time on the CCU. The nursing and medical staff on CCU are aware that patients are disorientated so please don't feel embarrassed or self conscious. These memories are normal and are caused by a combination of being ill and the drugs that are given to keep you comfortable.

If you have had or are having problems like this don't keep it to yourself. Please discuss your thoughts and fears with a sympathetic person, it sometimes helps to write the memories down. If the memories continue to bother you talk to the Critical Care follow-up team.

Depression/Low Mood

It is quite common to feel low in mood after being seriously ill. You may find that this continues even after you get home. The first few weeks at home can be hard after the initial happiness at finally getting home, your mood may worsen as the realisation of how ill you have been and how little you can do compared to how you were before your illness becomes apparent. You may have no memory of being in intensive care and so have only gradually learnt from your relatives or discussions with healthcare professionals what has happened. This can take time to sink in.

These feelings can come out in a variety of different ways:

- Sadness, either all the time or just suddenly every now and again
- Not being able to enjoy things anymore or lack of interest in doing things
- Poor appetite
- Tearfulness, sometimes just out of the blue.

If these feelings become very bad they are called depression. One of the most unpleasant features of depression is what it does to the way a person thinks. A depressed person can usually only see the bad side of things. If you have any worries about feeling low in mood following your stay in ITU, please discuss this with the Critical Care Follow Up Team who can provide help.

Feeling down?

Why is this so common after serious illness?

You will have been told by the doctors looking after you and by your family that you have been very ill, this is very frightening. This means that your adrenaline level will already be raised. Then any worrying thought or thing that happens can be enough to put your adrenaline level up. Relaxation lowers the adrenaline level. It is also easy to get into a the vicious circle. If you notice these bodily feelings it can lead to worrying thoughts like:

"I'm not getting better, I'm getting worse."

"I feel faint, I may be going to pass out."

"There must be something wrong with me, I must be ill."

These thoughts produce more adrenaline, so the bodily feelings get worse. If we notice this we worry even more and so the feelings get worse. This won't hurt you but its very unpleasant, especially if you don't know what is happening!

If you are suffering with heightened anxiety please ask for help from your GP or Critical Care Follow Up Team who can provide help.

Anxiety

Anxiety after being seriously ill is understandable and quite normal.

Anxiety can cause some or all of these:	<ul style="list-style-type: none">• dry mouth• feeling faint• a cold sweat• rapid pulse• palpitations• rapid breathing	<ul style="list-style-type: none">• strange pains• tingling in the feet and hands• cold clammy hands and feet• tense, sore muscles• butterflies or tightness in the stomach• feeling far away or distant from what's going on
Anxiety has the following mental effects:	<ul style="list-style-type: none">• difficulty concentrating• difficulty remembering• problems in making decisions• racing thoughts	<ul style="list-style-type: none">• problems sleeping• lack of self confidence• feeling that you are going mad or that your personality has changed
Anxiety can cause the following behaviour:	<ul style="list-style-type: none">• bad temper• feeling unsatisfied• Restlessness• fidgeting	<ul style="list-style-type: none">• not listening to what people are saying• flaring up at little things• losing your sense of humour

Then any worrying thought or thing that happens can be enough to heighten your anxiety. Relaxation can help. (See below)

If you are suffering with heightened anxiety please discuss this with the as above follow-up team or your ward team or GP who can provide help.

Panic-attacks

Sometimes a heightened anxiety can lead to what is called a "panic attack". Although panic attacks are not dangerous, they can be, however, very frightening. They usually last for 10-30 minutes and gradually subside.

Remember to deepen and slow your breathing. As you do this your heart rate will slow down and your stomach will stop churning.

If your panic attacks happen only under certain circumstances, for example when you go shopping, or when you are alone in the house, don't avoid doing these things. Just make sure that you do a relaxation session before and if you feel a panic attack coming on nip it in the bud by deep, slow breathing. (See below)

Please ask for help if you are suffering from panic attacks

How to beat panic attacks

Panic-attacks

Sometimes the cycle continues building up the level of adrenaline very quickly and it rises to very high levels. This leads to what is called a "panic attack". In a panic attack most people feel that they are going to die. Although panic attacks are not dangerous, they can be, however, very frightening. They usually last for 10-30 minutes and gradually subside as the body runs out of adrenaline.

- Consciously slow down your breathing, deepen each breath.
- Think to yourself, "this is stopping, I'm safe".
"I'm going to be all right". Thoughts like this turn off the adrenaline.

If the panic attack happens in public, don't worry what people around you will think of you. If you need to, head for the public lavatory and sit and relax.

Remember to deepen and slow your breathing. As you do this your heart rate will slow down and your stomach will stop churning.

Please ask for help if you are suffering from panic attacks

Relaxation

The benefits of relaxation

Relaxation has many benefits for health and general well-being:

- | | |
|-----------------------------------|-----------------------------------|
| - reducing stress | - reducing pain |
| - reducing fear and anxiety | - helping you to sleep |
| - coping with problems | - helping to give up smoking |
| - helping to lower blood pressure | - reducing anger and irritability |

How to get started

Find somewhere comfortable, quiet and warm. In hospital this may be difficult but try sitting in bed or in a chair with the curtains drawn. Make sure no one will interrupt you. If you choose a chair to relax in make sure it is big enough to support your whole body, otherwise you won't be able to relax. If you are not comfortable find somewhere else if your condition allows. Allow yourself sufficient time (20-30 minutes). If you are worried you will find it difficult to concentrate then start with 10 minutes. If you would like some quiet, gentle background music that's fine. (Ask the follow-up team for advice).

How to relax

Lightly close your eyes. Imagine that you are in a place where you have always felt safe and calm. This might be on a beach in the warm sunshine, or in a hot bath. It is your personal place. Imagine what you can see, hear and smell.

As you imagine your personal safe place feel your body sinking into the chair or bed. Gradually relax all your muscles, starting at your feet and working up the body. Allow your breathing to slow and deepen. Be safe in the knowledge that no one can disturb you. Let go of all the physical tension in your body. Imagine peaceful, relaxing waves lapping round you taking the tension away. Just breathe and relax, deeper and deeper with each slow and gentle out breath.

Your mind will tend to want to worry, just notice when you have become distracted and bring your attention back to the personal place.

When you have spent a comfortable time feeling relaxed, bring yourself out of relaxation by counting slowly to five, becoming more aware of your surrounding. You will feel calm and ready to cope with anything.

If through the day you find yourself getting tense or anxious, take time to do a relaxation session. If you do not have time for that bring the picture of your personal place into your mind and take some slow, deep breaths. Imagine in your mind the feeling of relaxation that you get from a full session and with practice you will be able to conjure up the feeling and so relax anywhere.

The benefits take practice to achieve

To start with, you will need to practice for about 20 minutes twice a day. At first you will need a quiet room to relax in, but as you become more experienced you will find you are able to shut out noise around you. Remember, eventually, with practice, you will be able to relax anywhere.

Relaxation is not just beneficial for you, if you live with someone they may find that they also will benefit from learning how to relax. Get them to read this section and practice relaxation.

You should continue to relax at least once a day.

Relaxation has many benefits for health and general well-being:

- reducing stress
- reducing fear and anxiety
- coping with problems
- helping to lower blood pressure
- reducing pain
- helping you to sleep
- helping to give up smoking
- reducing anger and irritability

Some patients after being in intensive care have trouble with pain, problems sleeping, or feel anxious and worried about their health. Relaxation can help to overcome these problems.

Part of the reason why people find it difficult to relax is because they carry a lot of tension around with them in their muscles. We don't usually notice how tense our muscles are. It's only when you check your body that you notice how tense you are.

Try checking now

- Bring your shoulders up towards your ears. Hold for 5 seconds. Then let your shoulders drop.
- Slump your shoulders down.
- Let your face relax and all the lines smooth out.
- Unclench your teeth.
- Let your hands spread open and relax your wrists.
- At odd times through the day run through this exercise.
- If you find yourself feeling edgy, frustrated, wanting a cigarette or in pain do it then.

Changes in mood

Many patients complain of fluctuating moods, one day up, the next feeling down. You may also feel very irritable for no real reason at times. This is a normal reaction to illness and should subside as you physically improve. Knowing this won't make the problem go away but perhaps it will be easier to bear. If you have been very seriously ill, or ill for a long time, you may find that you are quite depressed for a while, especially when you first go home. Like the other problems we have described this will go away and only rarely does it require special treatment. As stated previously, often when patients are discharged to the ward or home their mood drops slightly. This may be due to frustration, fear and realising the enormity of the effect your illness has had when you start to be more independent. Occasionally a patient may need a short course of anti depressants to help them cope. If you have a history of anxiety or depression prior to your stay in ITU you may find that it is initially worse. Ensure your doctor has continued to prescribe your anti depressant medication. Please talk to the ICU follow-up team if you have any concerns.

Expectations

Remember that a serious illness will leave you very weak and your body has a lot of work to do to get back to being fit. It is important during this time, that you are realistic in what you expect yourself to be able to do. If you set targets that are too difficult for you to reach you will feel as though you have failed and this will make you feel worse. Ask the physiotherapist or ICU follow up team what can be expected and try to be patient if setbacks occur. It is important to involve family and friends in setting targets or goals. At the beginning of each week decide what is the most important thing you want to achieve and plan how you can achieve it.

Changes in appearance

You may find that your appearance has changed as a result of being ill. This can be related to nutrition, fluid shifts in the body and possibly infection. When you first look in the mirror after being ill you may not recognise yourself. You may have lost a lot of weight all over your body, whilst other areas look swollen or scarred. Sometimes patients suffer hair loss, bald patches where there was contact with the pillow or a change in the quality of their hair. Similarly, the texture of your skin may change and it is quite common to find that your skin has become much drier than before. Mild shampoos and unperfumed emollients and moisturising creams can help. These changes are almost always temporary. You may also find that your finger nails have a ridge across them. This happens because the nails can stop growing when you are ill and then restart when you are recovering. The ridge will grow out with time and nails can become brittle, breaking easily. You may also have some scars which you feel to be unsightly, these will usually fade with time. If you have lost a lot of weight, with time, exercise and a sensible diet, this will improve. Coming to terms with what has happened to you does take time.

Your family and relationships

This has also been a worrying time for your relatives. They may find it hard to understand how you feel because the illness seems now to be in the past. They may expect you to be as happy as they are, that you are now getting better and they may feel just as frustrated as you that progress is sometimes slow. You may find that their attitude to you has changed. Seeing someone you love in intensive care can be very upsetting as there are often lots of machines and strange noises around them and relatives often feel helpless and frightened. They may have been worried that you would not get better and this can take some people a long time to get over. Sometimes, as a result of this, they become overprotective and you may feel that you are able to do more than they will let you. If this becomes a problem for you then you need to discuss your feelings with your relatives and come to a compromise that both of you can cope with.

Sex

The old adage of "A little of what you fancy does you good" is particularly true for sex during your recovery from illness. Your illness may have reduced your sex drive and your partner may be concerned that sex could be harmful for you and indeed you may even feel that yourself. This is rarely the case but as with other forms of exercise, you should do as much as feels comfortable. Men may experience impotence in the early stages of recovery and women may have dryness (lubricants such as senilube may help). Women's menstrual cycle may be sporadic but ensure you continue with contraception (please note that oral contraception may have been stopped and you need to check with your doctor before restarting it).

You will be able to return to your normal relationship but recognise that this may take some time and patience from both of you.

If you have any concerns please discuss with your doctor or the critical care follow up team.

Eating normally again

You may find that you have lost your appetite since being ill or you may find your food does not taste the same. Common changes include an unusual metallic taste and foods tasting saltier or sweeter than usual, or having no flavour at all. These taste changes are only temporary and it is best to concentrate on foods that you do like and leave those that don't appeal to you. Try them again a few weeks later when your taste may have returned to normal. Also some of the drugs given in hospital can affect appetite and taste.

Sharp tasting foods are usually refreshing and leave a pleasant taste in the mouth, try fresh fruit, fruit juices or boiled sweets. You may find it easier to eat small meals and have nourishing snacks in between. Take your time when you're eating, eat slowly, relax. Leave at least an hour between eating and exercising.

Food

This section has been written to provide advice for eating and drinking after your stay on critical care. If you have specialist dietary needs for example a low immunity diet or gluten free diet you should discuss this further with your dietitian or clinical team.

Since being unwell, you may have lost weight and your appetite might have changed. This is not uncommon and can depend on various factors such as:

- your mood
- if you are experiencing pain
- if you feel weak
- if you feel full early
- your ability to prepare meals
- taste changes.

Depending on your illness, you may have received nutrition through a feeding tube that was placed in your nose down into your stomach. This will have been inserted if you were unable to eat and drink enough by mouth either due to medical reasons or because you were asleep or too weak to eat.

Eating well for good health

A balanced diet is an essential part of your recovery, however it is also important to enjoy what you eat and drink.

The Eatwell Plate model below divides food into five groups. It shows the proportion of each food group to include in your diet every day. Selecting foods from each group helps to ensure that you receive all the nutrients that you need.

The eatwell plate

Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.



Department of Health in association with the Welsh Government, the Scottish Government and the Food Standards Agency in Northern Ireland

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www.nhs.uk/Livewell/Goodfood/Pages/eatwell-plate.aspx

Try to:

- Base your meals on starchy foods such as potatoes, pasta, rice, cereal, chapatti or bread – choose wholegrain varieties when you can
- Include meat, fish, poultry, eggs or beans twice a day
- Include plenty of fruit and vegetables including fresh, tinned, frozen and stewed
- Include milk and dairy products every day
- Limit the amounts of food high in sugar and fat*

*If you are having problems with your appetite and have experienced weight loss this food group can be helpful, however once you have fully recovered food and drink high in fat and sugar should only be eaten occasionally.

Overcoming common problems

Tiredness

After a period of illness it is common to find that you are easily tired; this can depend on the extent of your illness and length of your stay on critical care. Bed rest and periods of immobility can result in loss of muscle and It can take time to get back to your usual level of activities; in the meantime it may help to:

- Stock up on ready-made* meals, frozen* or tinned items that can be easily prepared
- Prepare meals in advance when you have more energy.

* Make sure any frozen or ready-made meals are reheated thoroughly.

Taste changes

It is not uncommon to find that you have some degree of altered taste and food does not taste as it should. Your sense of smell may also be affected. This is usually temporary so keep trying. Some helpful hints include:

- Choose foods that look and smell good to you
- Suck ice cubes made with fruit juices, lemonades or other carbonated drinks
- Chew sugar free gum or suck on mints or fruit sweets
- If food tastes bitter try adding jam, honey or sugar to disguise the taste
- If food tastes metallic consider using plastic cutlery
- If cooked meals taste bitter try letting them cool, or choose cold options such as sandwiches, salads
- Add flavours such as herbs, spices, pesto, and sundried tomatoes.
- Try finger foods such as bread sticks, nuts, carrot sticks, crisps, cheese and biscuits.

Small appetite

Following a period of illness it is very common to experience a small appetite; this can be for many reasons some of which have already been mentioned. It can take time for your appetite to recover. The following suggestions may help:

- Try smaller and more frequent meals and snacks
- If you are only able to eat a small amount of food it is important that you eat foods containing higher amounts of energy and protein, as discussed in the next section
- Try to relax and make time for meals
- Provided that your doctor has not advised you to avoid alcohol, try a small drink before or with your meal.

Weight loss

It is common to lose weight and muscle strength during a stay on critical care. Eating well in combination with any recommended exercises programmes will help in your recovery.

- Three meals a day with snacks in between
- Have a protein food such as meat, fish, poultry, beans and pulses at least three times a day
- Try to have a pudding once or twice a day
- Try extra servings from the bread and cereal group e.g. bread, potatoes, rice or pasta
- Try nourishing drinks such as milk or milk containing ones such as hot chocolate or malted milk drinks*
- Include fried foods; use healthier oils such as monounsaturated or polyunsaturated oils such as sunflower, olive or rapeseed oil
- Use foods with sugar e.g. jam, honey, sweets or biscuits*

*may not be suitable for people with diabetes – discuss with your doctor or dietitian.

Supplement drinks

You may have been given supplement drinks whilst an in-patient. Sometimes these will need to be continued at home. If this is the case, there are many different types of food supplements available at your local chemist, or you may be able to receive them on prescription from your GP. If you are having problems with eating or experiencing weight loss ask your doctor to refer you to a community dietitian.

Dentures

If you wear dentures you may find that they don't fit as well as before. This may be due to weight loss or gum shrinkage. A denture fixative may help until you are able to visit the dentist.

If you are unable to visit your dentist it may be worth enquiring about a home visit.

Swallowing difficulties

You may have been advised to follow an altered consistency diet and fluids by your speech and language therapist or other health care professional who should provide you with written information.

Oral hygiene recommendations

You may have been advised by the dietitian to increase your intake of sweet foods and/or drinks. Please continue to follow the recommended oral hygiene practices of twice daily brushing. If possible brush your teeth twice per day for 2 minutes. Make sure you brush the sides of your teeth and along the gum line, especially on the inside surfaces next to your tongue and the roof of your mouth.

- Brush the top of your tongue, as far back as you can comfortably manage.
- Use mouthwash once a day to help control the dental plaque. Also gargle with the mouthwash, to clean the back of your tongue and mouth if you are safe to do so. please discuss with your ward nurse.

Mobility

Your joints may feel stiff. When a joint has not been used for a while, it stiffens up, even in young people. This is particularly common in certain joints e.g. the shoulder joints. This stiffness will go as the joint is used more, throughout its full range of movement.

Tiredness and exercise

You may feel very easily tired at first, that is normal as your muscles have not had to do any work for a while and they need time to build up their strength again. We know that the patients who get out of bed sooner recover their physical strength and stamina quicker and so stay in hospital for a shorter time. Gradually increase your activity over the weeks by following the instructions in this booklet and your stamina will improve. The exercises in the booklet are a guide but your physiotherapist will discuss any changes they believe are necessary to optimise your recovery.

It may take some months until you feel back to normal. Everyone is different and so it's impossible to give an exact timetable for how much exercise you should take and when. If you follow the exercise plan in this booklet you will gradually increase your fitness. As a rough guide, you should not feel your heart racing during the exercise and although exercise may make you a little breathless, you should not be so breathless that you cannot talk.

Regular exercise

Exercising back to health

The bad news

While you were ill your body took what it needed to survive from its stores in your muscles. This means that all your muscles will have got smaller and weaker. This happens very quickly when you are very ill but takes much longer to replace as you are getting better.

Because of this you may find:

- you feel tired very quickly even when you are just pottering about
- you have difficulty with physical activity
- your balance is not as good as it used to be.

The good news

You can rebuild your muscles back to what they were before but it takes work, it won't happen by itself. The graded exercise regime in this booklet has been designed to help you rebuild your strength, improve your balance and flexibility and to regain your fitness. It has been written by a physiotherapist, doctor and a nurse experienced in dealing with patients who are recovering from serious illness.

Common questions about exercise

"I get breathless very quickly when I exercise".

As you build up your exercise you will find you will gradually be able to do more before you get breathless. As with all your other muscles, the muscles involved in breathing have got weaker and smaller. They will gradually get stronger as you exercise. To become fitter you need to be active enough to make you feel slightly breathless for a least ten to twenty minutes.

"I have a chronic chest problem, is it safe for me to exercise?"

Yes, research has shown that chronic chest sufferers benefit from graded exercise because it makes their muscles able to use oxygen more efficiently. You should discuss your exercises programme with the physiotherapist if you are concerned.

The Fitness Plan

Exercise is important after being ill and will:-

- strengthen your heart and lungs
- help to rebuild the muscle you lost during your illness
- help to reduce stress

Important points about exercise.

Follow the instructions in the exercise plan.

1. Do not try to do too much too soon, because this will just make you overtired and disheartened.
2. If you have a bad day, don't get upset about it. Everyone feels like that at some time. Ask yourself if you've been doing rather more than normal over the past few days. This may explain why you feel a bit tired.
3. Don't worry about how long you exercise for. Judge how much exercise to do by how you feel. You should feel just a little tired after the exercise, not exhausted.
4. Filling in the exercise records is important. They will allow you to increase the amount of exercise you do in a safe way. When you feel that you aren't making progress, you can look back through the sheets to see if it's true. You can also show your GP or your physiotherapist how you are progressing.

Borg scale of perceived exertion

- 0 Nothing
- 0.5 Very, very slight
- 1 Very slight
- 2 Slight
- 3 Moderate
- 4 Somewhat severe
- 5 Severe
- 6
- 7 Very severe
- 8
- 9 Very, very Severe
- 10 Maximum

How to use the Borg Exertion scale

The Borg scale (opposite) allows you to record how hard it is for you to do the activities listed above.

The scale is made up of numbers from 0-10 and as you can see by some of the numbers there are words explaining what that level of exertion should feel like to you.

When you first are able to do an activity you may find that it takes a lot of effort and this would be a score of 7 or above.

Exercise diary

Exercises done	Exertion score using the Borg scale See "How to use the Borg Exertion scale" below.						
List exercises done in the spaces below							
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Exercise 1							
Exercise 2							
Exercise 3							
Exercise 4							
Exercise 5							
Exercise 6							
Exercise 7							
Comments: How well did you manage your exercises this week? Any problems?							

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Exercise programme

General Advice – You must read this before beginning any exercise

The format of the exercise programme is to ensure that you exercise all the right muscles to help your recovery at the correct time in your recovery. The programme has been divided into three categories.

1. Early stage
2. Middle stage
3. Late stage

Many of the exercises ask you to do them a number of times. You must decide for yourself how many times to repeat the exercise using the exertion scale on the next page. But as a general rule begin the exercise by repeating it 5 times, increase to 10 times the next week and end with 15 repeats as a maximum.

Some of the exercises ask you to do them for a period of time. You must decide for yourself how long to do the exercise for using the exertion scale on the next page. But as a general rule begin the exercise by doing it for 30 seconds, increase in blocks of 30 seconds for the next week.

Your physiotherapist will help you with your exercise regime and maybe alter the exercises to suit your specific needs.

When to stop exercising

You should stop exercising and rest if you experience any of the following:-

- Severe chest pain
- Increase in chest tightness
- Dizziness or feeling faint
- Much more breathlessness than you experienced the last time you did this exercise.

If the symptoms settle in 2-3 minutes, do not continue with the exercise but telephone your contact number for advice. If the symptoms persist, contact your doctor.

Exercises are at the end of the booklet.

Medicines

You may not be on any medicines when you come out of hospital but if you are then there are some simple rules to follow:

Don't mix them with other pills without checking with your doctor or the chemist.
Don't take a lot of alcohol with them.
Keep a list of them with you.
Don't stop taking them suddenly without discussing it with your doctor.
Don't let anyone else take them, even if they seem to have a similar problem to you.
Never take more than the dose prescribed for you.

There may have been some changes to your medicines after you leave Intensive care or High Dependency. Some medicines you were taking before admission to hospital may have been stopped or may have caused side effects. These may have been severe enough to contribute to your admission. It's important to find out if you had a serious reaction to any of your medicines. This means you may have to avoid some of your regular medicines in the future.

Other times, some of your medicines may have been withheld whilst you were on Critical Care. They may have interfered with some medicines that were started on Critical Care. It's important to find out which of your regular medicines need to be started again. Other medicines may have changed, too. Some medicines that were started on Critical Care are only needed for a short time, and can be stopped. Other medicines that have been started need to continue.

For any medicines that are new, it's important to understand what they are for and how to take them. Ask your nurse, doctor or pharmacist to explain this to you. Ask about any side effects to look out for. If you think that you are suffering from side effects don't stop taking the medicine, go to see your doctor and discuss it. They may be able to reduce the side effects you suffer by prescribing a lower dose or changing you over to a different tablet.

If you tend to forget, write out a list of which ones to take at which times. If you take your tablets at the same time each day it will soon become a habit. Alternatively you can buy pill boxes that have different compartments for different times and days of the week. You can then tell at a glance whether you have taken your tablets.

Medicines can play an important part in your recovery.

Help and advice

What other information is available about critical illness?

Find further support and information:

Greater Manchester Critical Care Network

www.gmccn.org.uk

ICU Steps – The Intensive Care Patient Support Charity:

www.icusteps.org

Intensive Care after Care Network:

<http://www.i-canuk.com/>

Look for the patient and relative area

Intensive Care Society:

<http://www.ics.ac.uk/icf/patients-and-relatives/>

Mental Health in Manchester:

<http://www.mhim.org.uk/>

(Download copies of self-help booklets from

<http://www.mhim.org.uk/problems/>

Download self help booklets from:

<http://www.ntw.nhs.uk/pic/selfhelp/>

How do I find out about benefits?

For assistance contact the call centre 0345 608 8545 or

Citizens Advice Bureau 0845 122 1112

www.citizensadvice.org.uk

Any problems with housing ask for a referral to a social worker.

Local contacts

Samaritans 0845 790 9090

Saneline a phone line for information and support: 1.00 pm to 11.00 pm, everyday
0845 767 8000

MIND Information Line: 0161 272 8205

Crisispoint For help in Manchester with mental health crisis: 8.00 am to 12.00 pm
0161 225 9500

42nd Street, Helpline for young people: Monday, Thursday and Friday 12.30 pm to 4.30 pm
0161 832 0170

NHS Direct 24 hours a day. 0845 4647

For a range of local self help groups and services, contact Self Help Services, 0844 477 9971

For information and advice about anxiety, panic and phobia problems, contact the
National Phobics Society on 0844 477 5774

Visit your local library Health Information Point

www.mentalhealthinmanchester.org.uk

www.mind-in-manchester.org.uk

www.manchester.nhs.uk

Smoking

If you smoked before your illness now is an ideal time to give up.

For patients who have been seriously ill in Intensive Care it is important that they stop smoking, because the lungs may have been affected by the illness. People normally have a considerable amount of spare lung capacity so they do not notice the damage but it is important that you do not continue to damage your lungs after your illness by smoking and allow your lungs to recover.

Stopping Smoking

Here are some tips to help you:

- Write a list of reasons why you want to stop and keep them with you.
- Set a date for stopping and stop completely. Research has shown that trying to cut down gradually is ineffectual.
- Practise your relaxation and use the stress management part of the booklet to cope with the situations that would normally make you want to smoke.
- Tell everyone that you are giving up smoking. Friends and family can give support. Try to get other household members who smoke to stop at the same time.
- Be aware of situations, such as parties, or when you are under sudden stress. These are danger times when your guard will be low. Try changing your routine for the first few weeks.
- Food. Don't worry about putting on a bit of weight. As you increase your exercise this will even out and try sugar free gum and fruit instead.
- Get rid of ashtrays, lighters and all cigarettes.
- Be prepared for some withdrawal symptoms. You may get: nausea, headache, irritability, craving. These are caused by lack of nicotine and they tend to peak after 12-24 hours and then gradually ease over 2-4 weeks.
- Anticipate a cough. It is normal for a smokers cough to get worse when you stop smoking (as the airways 'come back to life'). Some people feel worse for a while... resist the temptation!
- Take one day at a time. Mark off each successful day on a calendar. Look at it when you are tempted.
- Be positive. Tell people you don't smoke. You smell better! After a few weeks you should feel better, taste food more and cough less. You will have more money... treat yourself.
- Don't despair if you fail. Examine the reasons why this happened. It will make you stronger next time. On average people who eventually stop smoking have made 3 or 4 previous attempts.

Stop Smoking Clinics – available on the NHS. They have a good success in helping people to stop smoking. Your doctor can refer you to one if you are keen to stop but are finding it difficult.

Medicines – can help in increasing your chance to quit. They include nicotine replacement therapy which comes as gum, spray, patches, tablets, lozenges and inhalers. You can buy these without a prescription.

Further help and information

Quit – a charity that helps people to stop smoking.

Quitline: 0800 00 22 00

Web: www.quit.org.uk

Smoke Free – information from the NHS.

Free smoking helpline: 0800 022 4 332

Web: www.smokefree.nhs.uk

Local NHS Stop Smoking Services

For one to one or group based advice text: GIVE UP plus your postcode 88088

NHS Smoking helpline: 0800 1690169 (7.00 am to 11.00 pm every day) or

Textphone: 0800 1690171 for free advice, help and support.

For online help and support and the chance to ask an expert: www.nhs.uk/gosmokefree

NHS Pregnancy Smoking Helpline

12.00 pm - 9.00 pm every day: 0800 169 9169

NHS Asian Tobacco Helplines

1.00 pm - 9.00 pm Tuesdays

0800 169 0881 (Urdu)

0800 169 0882 (Punjabi)

0800 169 0883 (Hindi)

0800 169 0884 (Gujarati)

0800 169 0885 (Bengali)

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Exercise 6							
Exercise 7							
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Other exercises:							

Early stage exercises

1. In Lying. Move your ankle down to point your toes. Then bring it up so it points to the ceiling. Change to other foot after 10 movements.



2. In Lying. Place a rolled up towel or pillow under the knee. Raise the foot off the bed until the knee is straight. Lower the leg and relax. Do this 5 times and then repeat with the other leg.



3. In Sitting. With alternate arms punch the air ahead at shoulder height. Do this 10 times with each arm and then relax the arms.



4. In Sitting. Raise both arms up to the ceiling. Then relax. Do this 10 times.



5. In Sitting, with knees bent. Straighten your knee until the leg is straight, then gently lower. Repeat on the other leg.



6. In sitting. With a small weight / object in your hand bend your elbow, bringing the hand towards the shoulder.

7. In sitting. Raise both arms to shoulder height away from your body.



Middle stage exercises

1. In lying. Pull up the foot, straighten the knee and lift the whole leg off the bed. Hold for 5 seconds and then lower the leg and relax. Repeat 5 times. Repeat with other leg.



2. In lying with your knees bent. Squeeze your buttocks together and lift your bottom off the bed. Relax and lower your bottom down. Repeat 5 times.



3. In sitting. Lift up the leg with the knee bent until back of thigh lifts off chair. Change legs.



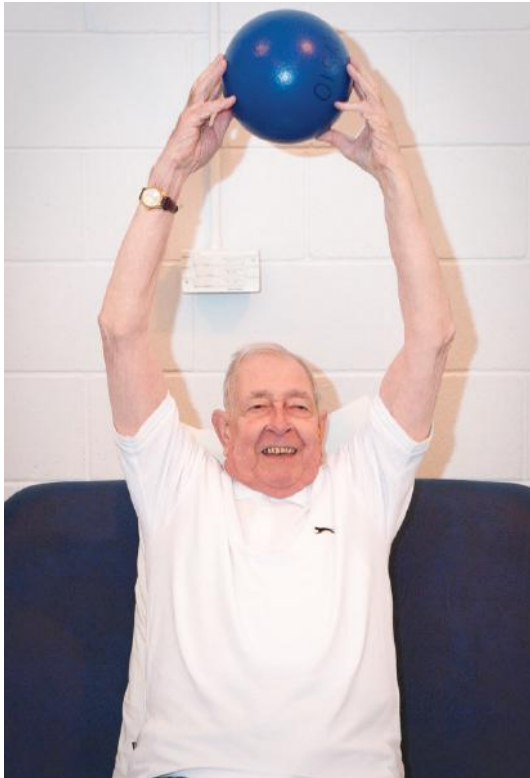
4. Lie on one side, with bottom leg bent. Lift the top leg with the knee straight. Lower this leg down and repeat. Change sides.



5. In Sitting. Raise arm to shoulder height and stretch forward across the body.



6. In sitting. With a light object/weight held between both hands, raise your shoulders above your head.



7. In standing. With a small object/weight in each hand, bend the elbow bringing the hand towards the shoulder.



Late stage exercises

1. In sitting. Using your arms to assist stand up and then sit down again. This can be made more difficult by not using arms and having a lower chair.



2. Stand. Walk on the spot.



3. Stand. Bend both knees together, then straighten, back to standing position.



4. At bottom of stairs or single step. Step up and down onto the step with alternative legs.



5. In standing. With a object/weight held between both hands, raise your shoulders above your head.



6. In standing. With a weight/object in each hand, raise both arms up towards the ceiling. Hold. Relax down.



7. In standing. Take one leg out to the side and then return to the middle. Repeat with opposite leg.



List of Authors

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Notes:

Notes:

No Smoking Policy

Please protect our patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted in any of our hospital buildings or grounds, except in the dedicated smoking shelters in the grounds of our Hospital site.

For advice and support on how to give up smoking, go to www.nhs.uk/smokefree.

Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. Should you require an interpreter ask a member of staff to arrange it for you.

تنص سياستنا على عدم السماح لافراد عائلة المرضى او اقاربهم او اصدقائهم بالترجمة لهم. اذا احتجت الى مترجم فيرجى ان تطلب ذلك من احد العاملين ليرتب لك ذلك.

ہماری یہ پالیسی ہے کہ خاندان ، رشتہ دار اور دوست مریضوں کے لئے ترجمہ نہیں کر سکتے۔ اگر آپ کو مترجم کی ضرورت ہے تو عملے کے کسی رکن سے کہیں کہ وہ آپ کے لئے اس کا بندوبست کر دے۔

ইহা আমাদের নীতি যে, একজন রোগীর জন্য তার পরিবারের সদস্য, আত্মীয় বা কোন বন্ধু অনুবাদক হতে পারবেন না। আপনার একজন অনুবাদকের প্রয়োজন হলে তা একজন কর্মচারীকে জানান অনুবাদকের ব্যবস্থা করার জন্য।

Nasze zasady nie pozwalają na korzystanie z pomocy członków rodzin pacjentów, ich przyjaciół lub ich krewnych jako tłumaczy. Jeśli potrzebują Państwo tłumacza, prosimy o kontakt z członkiem personelu, który zorganizuje go dla Państwa.

Waa nidaamkeena in qoys, qaraaboamasaaxiiboaysanu tarjumikarinbukaanka. Haddiiaad u baahatotarjumaankacodsoxubinka mid ah shaqaalahainaykuusameeyaan.

我们的方针是，家属，亲戚和朋友不能为病人做口译。如果您需要口译员，请叫员工给您安排。



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