



## Information for relatives/ friends of patients admitted to critical care during COVID-19 pandemic who require ventilation

It is a very worrying time when your relative or friend is admitted to the intensive care unit, especially during a time when everyone is very concerned about the COVID-19 infection.

This information leaflet is to let you and your family know what is happening on the intensive care unit and how it may affect you. We are sorry that you are not able to visit the critical care unit at this time but strict precautions are in place to protect patients, families and staff members from being infected and spreading the virus. There is a family liaison team who will communicate with you regularly (daily if needed) and can direct your questions to the medical team. Please understand that the medical and nursing teams are under enormous pressure currently due to a surge in patients numbers and so will not have as much time as they would like to be able to communicate with you directly. The person who calls you may not be a regular member of the critical care team but will do their best to help you.

This leaflet will hopefully answer some of your questions and explain about some of the processes that might be happening to your loved one on the critical care unit.

The vast majority of people who get the COVID-19 infection will have a mild illness that they can manage at home, like a bad cold or flu. Some people who develop the COVID-19 infection need to come into hospital and a small number of these patients need to come to the intensive care unit for more intensive monitoring and help with their breathing. The intensive care unit staff are well prepared to look after these patients.

### Set up in the critical care unit

Your loved one will be in an intensive care bed space that looks like this:

They are looked after by a critical care nurse and many other staff including doctors, physiotherapists, pharmacists, dieticians and other health care workers. They are never left alone.



## Organ systems

### Breathing (respiratory)

It is most likely that your relative has been admitted to the intensive care unit with breathing difficulties. COVID19 causes an inflammatory process in the lungs which can cause the lungs to become filled with fluid and infection. They may have already received a treatment called “CPAP” (continuous positive airway pressure) which can be delivered on a ward through a tight fitting face-mask. This blows air forcefully into the mouth and nose of someone when they are awake. Sometimes this is not enough to support their breathing.

If your relative is unwell enough to be admitted to intensive care, it is likely that their breathing is so laboured that they need the help of an artificial breathing machine (ventilator). The ventilator is connected to the patient via a breathing tube

(tracheal tube) which is inserted through the mouth and into the windpipe. To keep a person comfortable during this process, doctors use sedative medications similar to an anaesthetic given during an operation. They will remain sedated and comfortable with these medicines until their lungs, hopefully, improve. It is not easy to always predict timeframes but this may take two weeks or more.



During this time they may need to be nursed on their front (prone) for a few hours at a time – a process which requires a team to turn them over at regular intervals. This has been shown to improve oxygen levels in the blood. When and if their oxygen levels improve, we will be able to start to let them breathe more for themselves and ultimately remove the breathing tube.

Weaning from the breathing machine is a process that can take several days or even weeks as we gradually let your relative do more breathing for themselves. There are instances when this process can be helped by inserting a tracheostomy tube. This is a surgical procedure that is usually done on the intensive care unit and involves making a small cut in the front of the neck and inserting a small tube straight into the trachea (windpipe). This is most often a temporary solution and this can make the process of weaning more comfortable especially if patients



have been on the intensive care unit for a long time. This will be discussed with you by one of the medical team.

### Heart and blood pressure (cardiovascular)

Your relative may need support for their blood pressure during this time- this may be due to infection which can make the blood pressure low or may be due to a direct effect that COVID19 has on the heart. We have seen several cases where things seem to be improving but then there can be a sudden deterioration and this is due to the effect of COVID19 on the heart muscle. People with underlying heart conditions and high blood pressure are at increased risk. We always monitor the heart and blood pressure continually and place a large tube (cannula) in their neck or groin vein to give drugs to support the circulation.

### Digestion (gastro-intestinal system)

Your relative will have a tube inserted through their nose which goes into their stomach (nasogastric tube) and through which we can give them nutrition to help them recover. We will also give them their normal medications through this tube. We will get information about these medications either from them when they are admitted or directly from their GP. They will also be given medication to help them open their bowels and protect them from getting stomach ulcers which can happen as a result of critical illness.

### Kidney (renal)

A significant proportion of patients with COVID19 develop kidney failure and may require support from a kidney machine similar to dialysis. This can occur in any critically unwell patient but those with underlying kidney disease, high blood pressure or diabetes are at a greater risk of kidney failure. In order to connect a person to the kidney machine which provides renal support, a second large tube (vascath) must be placed in their neck or groin vein. Their kidneys may either fully or partially recover when they get better or occasionally they may not recover their function at all. We will not know this until several weeks into the course of this disease process.

### Conscious level (neurological system)

As mentioned above your relative will be given sedative drugs for the time that they are requiring the ventilator and a breathing tube (medically induced coma). This is because the breathing tube can feel rather unpleasant and also to help them tolerate the breathing machines and support we are providing. They are not necessarily



in a deep coma as you may have seen portrayed on television programmes we keep them asleep enough to keep them safe. When we think that their breathing has improved then we can stop these medications and try to wake them up. This is called a 'sedation hold' and we will try this every day. Waking up however, can take a varying amount of time depending on their age, the amount of time they have been on the drugs and on their kidney function. It may take several days for your relative to wake appropriately; please don't get disheartened if it feels like this takes forever as it is very normal for it to happen like this. Delirium (acute confusion) is very common after critical care admissions and may cause your relative to do and say things that would not be usual for them.

Our nursing staff will talk to your loved one whilst they are looking after them- hearing is often something that patients maintain even whilst sedated and we think that this is important. You may wish to leave messages with the Family Liaison Team or email them to [sash.patientmessages@nhs.net](mailto:sash.patientmessages@nhs.net) which will then be passed to the nursing team caring for your relative. These messages will then be read out when they are caring for your loved one at the bedside.

## Blood and clotting

Whilst being critically unwell your relative will have daily blood tests to help our clinical assessments. They may require a blood transfusion, this is not because they are bleeding necessarily but rather because acute illness can cause abnormalities in how our blood clots and how our blood functions .

## Infection (sepsis)

COVID19 is a virus so it does not respond to antibiotic therapy which is designed to treat bacterial infections. However, your relative may develop secondary infection following the initial virus and we will treat this with antibiotics. There are now some specific t medications, tested in clinical trials, that are suitable for some patients who are seriously ill with COVID19 and have been shown to improve outcomes. If your relative is likely to benefit from these medications then these will be given.. Your relative will have throat and nose swabs taken to confirm that COVID19 is present. These tests currently take 2-3 days to return as they are not performed on site at East Surrey. The result of the test does not make a difference to the care that your relative receives as they are primarily treated based on their clinical signs. It is still possible for the illness to have been caused by COVID19 despite a negative swab result.

## Personal care

We will wash, shave and care for your loved one during this time when they are unable to look after themselves. We will hold their hand and we will be kind. We will talk to them while we examine them and perform daily cares or procedures. We take care of their skin and pressure areas, however during critical illness it is possible that pressure sores can develop



and this may be around the nose or mouth especially if they have been nursed on their front.

## Trial recruitment

New treatments and approaches have been suggested for the treatment of COVID19 throughout the pandemic (including malaria treatments, convalescent plasma and anti-viral therapies). Clinical trials have already revealed some medication that are beneficial and now part of standard care, for example steroids. Other possible treatments are still undergoing testing in national studies. Some of the treatments being tested might have potentially harmful side effects or might prove not beneficial which is why they are not being used routinely. East Surrey Hospital Intensive Care Unit is participating in a national clinical trial: The Recovery Trial: A COVID treatment trial.

All patients are assessed and, if eligible, are considered as potential candidates for the trial. They are then assigned to a specific protocol one protocol being standard care which is full intensive care treatment but with no additional medications). This is an acute care trial for 10 days.

Preliminary results from the Recovery Trial from summer 2020 have shown that dexamethasone (steroid) can reduce the severity of COVID symptoms and your relative will be given this therapy if there are no contra-indications.

All questions regarding the trial can be directed to East Surrey Hospital x2804 or email: [sash.recoverytrial@nhs.net](mailto:sash.recoverytrial@nhs.net). Further information regarding the trial can be found at [www.recoverytrial.net/study-faq](http://www.recoverytrial.net/study-faq)

## Communication

We are working hard to look after your loved one and we ask that you help us be able to do this. We understand that this is a frightening and stressful time for you. One of our family liaison team will communicate with you and can take any questions that you have. They will then find out from the medical and nursing teams the answers to your questions. One of the medical team will try and talk to you every other day to give you an update. The doctors may also want to talk to you directly about certain issues especially if your loved one's progress isn't as good as we would hope. We may want to discuss the 'Do Not Attempt Cardiopulmonary Resuscitation' order with you. By the time a person is in critical care, they are already on life support. This means they are receiving the highest level of resuscitation constantly. If your loved one's heart stops beating, despite our breathing and heart support then it is often their body's way of telling us that they have had enough. Cardiac massage (chest compressions) in real life is usually not enough to get the heart pumping properly again. To perform chest compressions when someone is already in this situation would be unkind and is not always the right thing to do.

## Possible transfer to another hospital

Across the NHS we have agreed to ensure we work together to share resources in order for them to be available at the time patients need them, regardless of where their local hospital is. This may mean that when your relative is admitted to the Intensive Care Unit at East Surrey Hospital the clinical team will explain to you that throughout their time on Intensive Care there is a chance they will need to be transferred to another hospital's unit, and, if absolutely necessary, this might be some distance from East Surrey. This transfer will only occur if your relative is stable. The transfer will be part of the national NHS plan to make sure the care for your relative and all other patients is

optimised, moving patients from units that are overstretched to those that are not. We would expect your relative to be transferred back to East Surrey Hospital when they no longer require Intensive Care treatment.

### After critical care

ICUsteps (a critical care support group) is run by former intensive care patients and relatives. This provides support to patients and relatives recovering from critical illness during their sometimes long recovery.

For more information please visit: <https://icusteps.org/>

### Bad news

Sadly approximately 25% of all patients who come to the intensive care unit with COVID 19 do not survive their admission despite all our treatment. If we feel that someone is dying in spite of all our treatment then we will change the focus of our care to comfort therapy and stop the invasive and potentially uncomfortable life support treatments. At this point you will be contacted to let you know the situation and explain about palliative care and the withdrawal of life support. You may be able to come and spend some time with them at this stage. You will be asked to wear personal protective equipment whilst visiting the critical care unit. (apron, mask, gloves). Please see separate SASH link for further information on bereavement services.

### Self-care for relatives

We will look after your relative as well as if they were our own relative. Please make sure that you look after yourself and stay safe at home. You will need to make sure that you self-isolate for 14 days from the last time that you were with them (not wearing full PPE) if you relative is diagnosed with COVID19.

### Other Information

Please see the Intensive Care Guidance for Families during COVID 19- [ICS Covid19 Guide](#)

### Contact us

#### Critical care

Surrey and Sussex Healthcare NHS Trust  
East Surrey Hospital  
Redhill Surrey RH1 5RH  
Tel: 01737 768511  
[www.surreyandsussex.nhs.uk](http://www.surreyandsussex.nhs.uk)

#### Patient experience team, surgical division

Email: [Sash.surgicalcomplaints@nhs.net](mailto:Sash.surgicalcomplaints@nhs.net)  
Telephone: 01737 768 511 Ext 1647 or 2678

#### Divisional chief nurse

Jamie Moore  
[Jamie.moore5@nhs.net](mailto:Jamie.moore5@nhs.net)

For medical advice please call NHS 111 or visit the NHS website at [www.nhs.uk](http://www.nhs.uk)

Upon leaving ICU you will be given information about how to provide us with feedback by completing a detailed questionnaire called Your Care Matters. This is an online questionnaire which captures details about what went well during your time on the ward and what we could have done to improve your experience. It will allow you to mention any staff that have been particularly caring and whom you feel deserve special mention. You can complete the survey for each area of the hospital that you visit and we encourage you to do so; we welcome feedback from all our patients as acting on the observations and experiences helps us identify where we could have done better and what we do well.

**Document information**

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