The Royal Wolverhampton
NHS Trust

Information for Relatives of Patients admitted to the Intensive Care Unit with Sepsis

Integrated Critical Care Unit (ICCU)

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- **Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available**
- **If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111**
- **Keep the environment clean and tidy**
- **Let's work together to keep infections out of our hospitals and care homes.**

Introduction

The Doctors and Nurses on the Intensive Care Unit (ICU) will have explained that your relative has a severe infection and they have been admitted to the unit for on-going care.

This is a very worrying time for you and your family and we appreciate that it can be very confusing. The aim of this short leaflet is to give you an outline of the care that your relative will receive over the coming days. It does not replace information that the Medical and Nursing staff will give you and we encourage you to ask questions.

What has happened?

Your relative has an infection which has caused the body to respond to it to try and fight the infection. Unfortunately, in some people the infection and the body's immune response to the infection mean that they become very unwell. This is called Sepsis. It is a serious condition that accounts for about half of ICU admissions.

Infections anywhere in the body can lead to Sepsis. The most common sites are:

- Pneumonia (lung)
- Peritonitis (abdomen often after a bit of bowel bursting)
- Renal tract (Urinary infections)
- Meningitis (the lining around the brain).

The ICU team will explain to you where they think the infection is. We are not always able to definitely identify it.

What will happen next?

Your relative will be cared for on the ICU. The care will be targeted at treating the infection and supporting the body while your relative is so unwell.

Treating the infection.

The main focus here is using antibiotics to help kill the likely organism causing the problem. We take samples from blood and other sites (for example sputum or pus) to try and grow (culture) the bacteria causing the infection. The labs are able to grow the cause in only about half of cases. This is the same throughout the world and reflects the difficulty in growing bacteria.

Antibiotics are often changed while your relative is on ICU based on the culture results as it is important that we use the most appropriate one to treat the organism grown. If we can't grow the specific organism we treat your relative with antibiotics that we know usually work in the specific infection based on our experience and national/international recommendations. We have daily discussions with our microbiology colleagues who are experts in infections and their treatment to ensure we are using the most appropriate treatments.

Sometimes in addition to antibiotics it is necessary to drain any collections of infection. This may need an operation (for example in abdominal infections) or may involve us putting a tube in the collection to drain it either on ICU or in the X-ray department. This can't be done in all infections- for example pneumonia is not normally treated with this.

Supporting the body

Severe infections can cause many organs in the body to stop working. In the ICU we support vital organs to keep your relative alive so that the body and antibiotics have time to fight the infection.

The most common organs that we will help are the lungs, circulation, kidneys and gut.

To support the lungs we can give your relative high amounts of oxygen. This can sometimes be done using a tight fitting face mask or tubes up the nose but often we have to put your relative in an induced coma and use a ventilator to breathe for them. To do this we need to sedate them and use anaesthetic drugs to do this. They often don't need a large dose to keep them comfortable on the machine and we like to have your relative awake but calm on the machine if possible.

They may therefore respond to you when you see them. This is not anything to worry about and you will see the ICU staff talking to your relative as if they are awake.

In ICU we often use strong drugs to help raise the patient's blood pressure. This is because too low a pressure means that not enough oxygen is delivered by the blood to the cells in the body and so they can't work. We usually do this using a drip that goes into a big vein in the patient (central line). This is normally visible in the neck but may also be inserted in the groin. There are several drugs that we use and the ICU team will choose the right ones for your relative.

The other organ we often support is the kidney. This requires us to put the person on a kidney machine which is similar to dialysis. It requires us to put a second big drip into your relative's big veins. The kidney machine in ICU usually runs all the time. About a third of patients with severe infections need this.

Finally, we try and feed your relative. This can be difficult in ICU as they are often unable to eat normally. We often use tubes placed through their nose into their stomach and use a liquid feed. Sometimes we put feed into a vein if feeding them into their stomach doesn't work. This is called Total Parenteral Nutrition (TPN).

A day on ICU

Your relative will be looked after very closely by a nurse. Depending on how unwell they are the nurse may just be caring for them or if they are less unwell the nurse may have two patients to care for. Your relative will be seen by one of the medical team every day and have a thorough examination and review of their results and medicines. They will also be seen by the consultant on the main ward round and reviewed again through the day.

It is difficult to predict what will happen to the person each but there are always doctors and nurses around keeping a close eye on them.

We try and remove the support and monitoring your relative needs as quickly as possible as the body recovers.

What happens next

Hopefully with treatment your relative will get better. This often isn't very quick and can happen over a number of days. In some cases, it can take weeks. The ICU team will speak to you and explain how things are going during your relative's ICU stay. Once they are better and no longer need help on ICU we will look to get them to the appropriate ward in the hospital so they can continue to be cared for.

Unfortunately (with severe infections in ICU this is about one third of patients) some people do not get better despite our best treatments. The ICU team will keep you updated with how your relative is doing and if they are not getting better will speak with you about what should be done next. Unfortunately, this means that your relative is dying. In these sad circumstances the correct step is often to remove the machines supporting the person and let them die peacefully and with dignity. You will be able to be present during this time should you wish to stay with your relative. If this decision is made then we will ensure that your relative is not in any pain or distress to the best of our abilities. The team looking after your relative will discuss this with you in more detail if needed.

Conclusion

We hope that this short leaflet has been useful and explains some of the care your relative may receive. It is an outline to the care your relative will receive. The Medical and Nursing staff are always happy to answer any questions and will explain what is happening to your relative in detail. This leaflet is a guide to the process and you should remember that the care will be tailored to your relative's specific needs.

Contact Numbers

Integrated Critical Care Unit

01902 694260 24 hours per day.

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。

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