

Patient & Family Information

The Intensive Care and High Dependency Units

Prince of Wales Hospital, Randwick



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Where to find us

The Prince of Wales Hospital
Adult Intensive Care Unit (AICU)
Level 1, Barker Street
Randwick, NSW 2031
Phone: (02) 9382 4700

To view the
campus map on
your smartphone
scan the QR code.



Getting the information you need

Patient confidentiality

When someone is in hospital, their condition and treatment is strictly confidential and only shared with them and the staff looking after them. Information about their condition will not be shared with others without their consent; if they are unable to give consent, you must be the primary next of kin to receive information.

Identify a single contact person

It is important to have one person nominated as the primary contact who will be able to relay information to other family and friends. This allows us to focus on caring for the patient, and ensures their family gets the information they need.

Visiting the ICU/HDU

Who can visit?

Too many visitors at one time can be very tiring for patients. We ask that visitors be limited to immediate family or special friends.

Can children visit?

Children of close relations can visit people in the ICU/HDU. We do recommend that parents explain to children what they will see within the ICU/HDU before visiting. Children may also benefit from talking about their experience to their parents after a visit. Speak with your nurse before bringing children to the unit to discuss further.

Visiting times

There are no set visiting times, but we do limit the number of people at the bedside to two so that the nurse can still provide care. Visitors may be asked to leave during physical assessments or during baths to protect the person's privacy, or at night to allow the person, and you, a chance for sleep. Please be aware that mornings can be a very busy time and there maybe longer wait times.

Visiting During the Covid – 19 Pandemic

As the situation in NSW changes in response to the management of the covid-19 pandemic, visiting restrictions may also change. There have been times when visiting in ICU has been more restricted then usual and in some cases visiting arrangements may vary on a case by case basis. If your loved one is admitted to the ICU with a diagnosis of Covid-19 there may be modifications to our regular visiting due to the risk of infection to yourself and those around you. Staff will meet with you and explain the level of restriction to visiting and why this is in place. In this situation, ICU staff can help to facilitate other methods of communication with your loved one, such as video teleconferencing, if they are well enough to do so.

Caring for yourself

Do not feel guilty about not being at the bedside 24 hours a day. It is very important for everyone to get sleep at night and to eat healthy while our staff care for your loved one closely. Taking care of yourself will make it easier to cope with the stress.

Speak to your nurse

Nurses are always close to the bedside and can help answer your questions, including telling you details about your loved one, listening to your concerns, and update you on the day's plan of care. They can also assist with arranging family meetings with the doctors or make other referrals such as Social Work.

Meet with the doctor

Our doctors will speak with you informally as often as they can to give you the information you need. Larger family meetings can also be planned to talk to the immediate family at once to receive information and answer questions at the same time. Speak to the doctors or your nurse to arrange a family meeting.

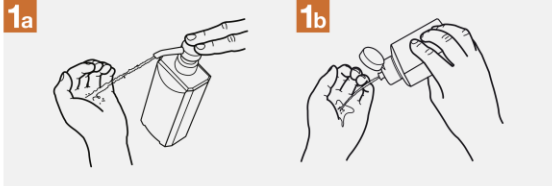
Preventing infection

We consider infection control to be a priority in the ICU/HDU since people we care for are very sick and can pick up infections easily. When you come into ICU/HDU (and when leaving), please clean your hands with the hand rub or soap and water. If you are feeling under the weather yourself, consider not visiting that day or ask your nurse for a face mask to wear. Please do not place your belongings on the bedside trolley or sit on the patient's bed for infection control reasons.

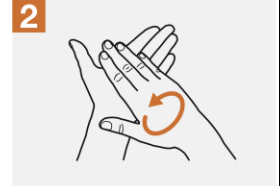
How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

 **Duration of the entire procedure: 20-30 seconds**



1a Apply a palmful of the product in a cupped hand, covering all surfaces;



2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



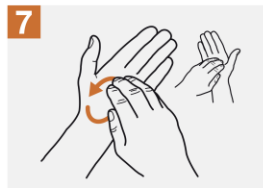
4 Palm to palm with fingers interlaced;



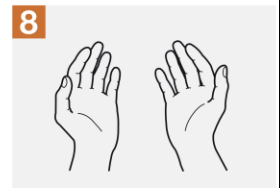
5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



8 Once dry, your hands are safe.



**World Health
Organization**

Patient Safety

A World Alliance for Safer Health Care

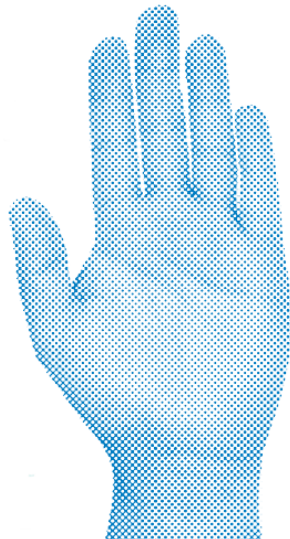
SAVE LIVES

Clean Your Hands

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NSW Health has a zero tolerance to all forms of violence

NSW Health staff have the right to work in a violence free workplace. Patients and others have the right to visit, or receive health care, in a therapeutic environment free from risks to their personal safety. As a result of a key recommendation from the NSW Health Taskforce on Prevention and Management of Violence in the Health Workplace, NSW Health has adopted a zero tolerance response to all forms of violence on health service premises or any other place where health related activities are carried out.



What the Units look like

This area of the hospital is where specialty teams care for very sick people or those having gone through major surgery. It is divided into two areas: the Intensive Care Unit (ICU) and the High Dependency Unit (HDU). The same specialty staff are available in both areas, but the difference is how many patients a nurse will care for. Sometimes, though, a patient can be classified as ICU or HDU and be in either sides of the unit. The nurse to patient ratio depends on how sick someone is. At times it can be confronting, confusing, and scary. Your loved one might be attached to a lot of noisy equipment, and due to their illness or sometimes medication, they may not be able to communicate with you. Our staff work

closely together to provide the best care for your loved one so they can achieve the best possible outcome. We are also here to support you and your family, and hope this booklet provides you with some useful information.

What a person in ICU/HDU may look like

It can be difficult to see your loved one very sick or after a major surgery. They could be more swollen than usual, have bruising or small abrasions, have monitoring equipment connected to their chest or hands, have lines or tubes inserted, or be unable to fully communicate with you.

How a person in ICU/HDU may act

People might be confused related to their illness, medications, or from being in a different environment. They also might have difficulty remembering things, communicating with you, or be restless or agitated. While this can be difficult to see, this does commonly occur in ICU/HDU, and we will do our best to care for your loved one. These changes in behavior do usually improve as the person gets better.

Staff in the ICU/HDU

Nursing

More than 100 of our staff are Registered Nurses with special training in critical care. They help evaluate, plan and care for the patients. Nurses care for 1 to 2 patients in each shift, and most work 12-hour shifts. There will be different nurses caring for each person every day.

Medical

While in the ICU/HDU, people are monitored and cared for by the ICU/HDU medical teams, which consists of a consultant (leads the team), fellow, registrars, and residents. There are doctors in the ICU/HDU 24 hours a day. Our doctors also work 12-hour shifts. When people are in ICU, they will also be reviewed by the specialists doctors who will look after them once they leave the ICU/HDU.

Physiotherapist

While in the ICU/HDU, physiotherapist will primarily help people with their breathing as well as getting their muscles stronger through mobility and strengthening exercises.

Ward clerks

Assist with the administrative work in the ICU/HDU and help greet visitors, both by phone and in person.

Social workers

Offer crisis counselling and practical assistance to help you deal with any issues or concerns. This includes stress, anxiety, family wellbeing, coping with loss, grief and trauma, talking to children, and supporting patients and families with a terminal illness. They can also provide information about government and community resources.

Dieticians

Have specialised training in nutrition and evaluate patients to make sure they are getting the nourishment they need.

Speech Pathologists

Assess people for eating and swallowing problems that can sometimes occur after a severe illness. They help recommend the consistency of food and water for the person to eat and drink safely.

Radiographers

Take X-Ray images of people, usually of the chest, in ICU.

Pharmacists

Check that people are prescribed the correct medications and that side effects are minimised. They review a person's regular medications to discuss which medications should be continued in the ICU/HDU.

Interpreting services

We use qualified health care interpreters whenever requested by family or patients, and if our staff would like assistance communicating to you in your first language. This is a free, professional and confidential service for all languages, including Sign Language. Since face-to-face interpreters require a booking, please speak to your nurse, doctor, or social worker to arrange a meeting if desired.



Need an interpreter? Ask the staff

إذا كنت بحاجة إلى مترجم
اسأل موظفي المستشفى

Arabic

需要翻譯員嗎？

要的話，請向職員查詢

Chinese

Χρειάζεστε διερμηνέα;
Ρωτήστε το προσωπικό

Greek

Hai bisogno di un interprete?

Chiedilo al personale

Italian

통역을 원하십니까?

직원에게 문의하세요

Korean

Precisa de intérprete?

Pergunte aos funcionários

Portuguese

Да ли вам треба тумач?

Питајте особље

Serbian

ท่านต้องการล่ามไหม

โปรดสอบถามเจ้าหน้าที่

Thai

Quý vị cần thông ngôn viên?

Xin hỏi nhân viên

Vietnamese

আপনার কি একজন দোভাষীর প্রয়োজন?

আমাদের কর্মচারীদের জিজ্ঞাসা করুন

Bengali

Treba li Vam tumač?

Zamolite osoblje

Croatian

Butuh seorang juru bahasa?

Tanyakanlah pada pegawai

Indonesian

通訳が必要ですか？

スタッフに申し出て下さい

Japanese

Potrzebujesz tłumacza?

Zwróć się do naszych pracowników

Polish

Нужен вам переводчик?

Обратитесь к нашим сотрудникам

Russian

¿Necesita un intérprete?

Pregúntele al personal

Spanish

Tercümana intiyaciniz mı var?

Personele söyleyin

Turkish

FREE 24 hours 7 days

Aboriginal Hospital Liaison Officer

They can provide help to the Aboriginal and Torres Strait Islander families and patients by providing emotional, social, cultural and practical support. Speak with your nurse to arrange a meeting if desired.

How you can be involved in caring

If you wish, you might be able to help nursing staff with simple, but important, tasks such as combing you loved one's hair, washing their face, talking to them to help distract them, or applying lotion. Talk to your nurse to find out which tasks you can assist with, as this can depend on the person's condition at the time. Things you can always do at the bedside: touch your family member, speak to them, read to them, remind them of the day and time, update them with news outside of the hospital, reassure them, and share well wishes from others. You can also keep a personal diary that you can give to your loved one after ICU/HDU to help them fill in memory gaps after hospital.

What should I bring to the ICU/HDU?

Personal belongings

Some toiletries can be useful for providing care while in ICU. Ask your nurse for specific items that might be needed. Food can also help accommodate someone's preferences, but do check with the nurse first to see if there are any restrictions. Money and other valuables are not necessary in the ICU, and we ask that they be sent home with family for safe keeping.

Mobile phones

Phones can be used in the ICU when the person is able to communicate through text or over the phone. "NSW Health Guest WiFi SESLHD" is available for both patients and visitors to access while in the ICU.

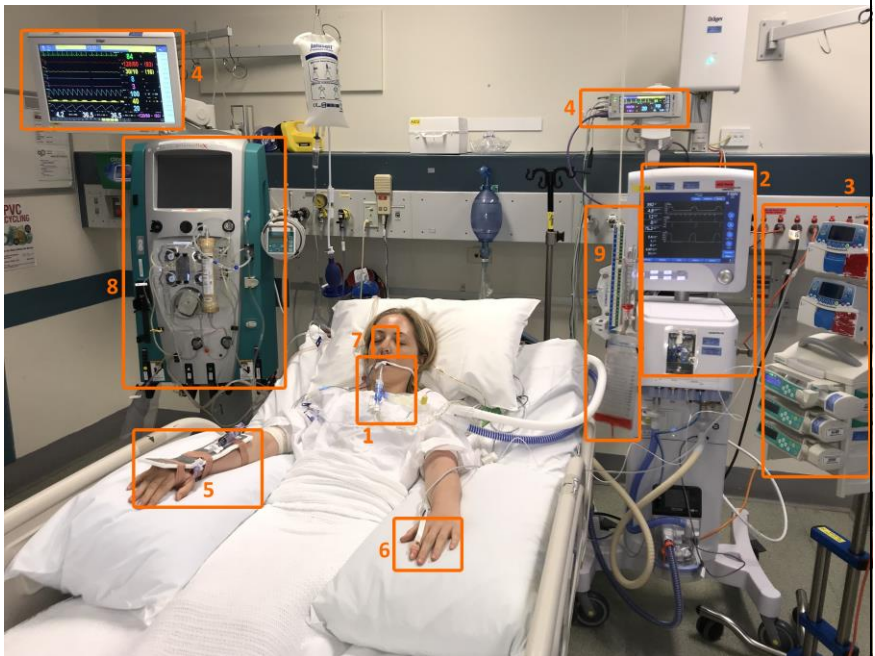
Flowers

While it is a kind gesture, fresh flowers are not allowed in the ICU/HDU due to infection risks.

General information

Near the back of this booklet are several brochures on topics such as the REACH program, pressure injuries, blood transfusions, severe infections, falls prevention, etc for you to read at your leisure.

Equipment commonly used in the ICU



1. Endotracheal Tube (ETT or Breathing Tube)

Is inserted through the mouth (or sometimes nose), down the throat and into the windpipe in a process called intubation. The tube is then connected to a breathing machine called a ventilator. Because the tube passes through the vocal cords, the person will not be able to speak while the tube is in. The removal of the tube is called extubation.

Tracheostomy (trache)

Is created through a procedure that makes an opening through the neck into the windpipe. These might be necessary if the person needs help to breath for some time. People usually find these more comfortable than breathing tubes, and eventually, they can offer the ability to speak when the person improves. It is possible for these to be removed in the future.

2. Ventilator

Commonly known as breathing machines. These machines can either help the person breath or can completely breathe for them. Oxygen from the machine goes into the person's lungs through the tube in their mouth. Since the tube might be uncomfortable, people often receive relaxation medications. For most people, ventilation is only needed for a few days, but if someone is very sick, it may be required for weeks to months.

BiPAP / CPAP machine

Is usually used with a facemask that covers the mouth and nose and provides support to make breathing better. Some people find the masks uncomfortable or claustrophobic, and small amounts of relaxation medication might be given to help with this. Families and friends being at the bedside to hold the person's hand and distract them can also be very supportive.

Central Venous Catheters (CVC)

These might also be called a central line. It may be used if the person's veins in their arms are difficult to access or when certain medications must be given through a larger vein.

3. Infusion / syringe pumps

Are special pumps used to deliver medications and fluids into the person's veins. It is important that visitors **MUST NOT** touch these devices.

4. Monitor

Provide us with real-time information on important vital signs such as heart rate, blood pressure, oxygen, and body temperature.

5. Arterial line

Is a thin tube inserted into the person's artery, usually the wrist. It is used to monitor blood pressure and can also obtain blood samples

6. Saturation monitor

Is attached to the person's finger and measures the amount of oxygen in the blood.

7. Nasogastric tubes (NG Tube)

Is a tube that goes through the person's mouth or nose and into the stomach. This tube can be used to provide nutrition and medications while the person is unable to eat normally, or can be used to drain the stomach if necessary.

Indwelling urinary catheter (IDC)

Is a soft flexible tube that is placed into the bladder to drain urine and monitor the kidneys. More information about this is located in the back of this booklet.

Sequential compression devices (calf compressors)

These are applied over the person's calves and inflate / deflate to help prevent blood pooling in the person's legs while they have reduced mobility. They help to reduce the risk of developing a deep vein thrombosis (DVT).

8. Dialysis

Is a large machine used to help clean the person's blood if the kidneys are not working properly. The person might need the help of this machine for a few days, but some may need to continue after ICU/HDU.

9. External ventricular drain (EVD)

Is a specialized tube that is inserted into the brain. It is used to check the pressure inside the head of a person who has had a brain injury and helps to relieve high pressures in the brain.

Terms commonly used

ABG (arterial blood gas)

A blood sample from the artery (usually the arterial line) that can provide us with information including a person's oxygen status.

Inotropes

Medications that are used to support a person's heart and blood pressure. These are given through a central line.

Blood transfusions

Receiving blood or blood products is sometimes necessary when you have had surgery or are very sick. Your doctor will be able to explain this treatment option with you further, and more information about this is located in the back of this booklet.

Sepsis

Is a severe infection that causes an overwhelming response throughout the body. More information about this is located in the back of this booklet.

Cultures

Taking body fluids, which could include blood, sputum, or urine, to test for infection

Sedation

To make someone more comfortable, especially if they are on the ventilator, we commonly give them medication that will help relax them.

Suctioning

If a person is unable to clear their own sputum from their lungs, a long catheter might be inserted into the lungs through their breathing tube or nose to help remove the sputum.

Paralysis

There may be situations where medication is required to temporarily stop the person's muscles from moving, such as if they have a bad lung infection and are on the ventilator.

Food

Within the Prince of Wales, you can purchase food from the Volunteers Café on level 1, Barker St entrance, or the Barker Street Canteen on level 0, Barker St. Food outside of the hospital is available in The Spot (Perouse Rd and St. Paul's St) or along Belmore Rd near High St.

Accommodation

Accommodation is available close to the hospital, but is not covered by the hospital. If you need accommodation, they can be found through popular sites such as sydneylodges.com, booking.com, Airbnb.com.au, etc., or your nurse or Social Worker can provide you with a list of accommodations around this area.

Car parking

Paid parking is available via the Barker Street entrance, including some disabled parking on site. There is also limited timed free street parking available around the hospital.

Concession rates are available. See the website <http://parking.health.nsw.gov.au/> or download the app *NSW Health hospital parking and directions* for more information.

Public Transport

Prince of Wales is accessible by bus route numbers: 314, 316, 317, 370, 372, 373, 376, 377, 400, 410, 418, M50.

It is recommended you use the bus stops on Arthur, Belmore and Avoca Streets where possible due to the steep hill walking up from Barker Street.

Religious support

Our chaplains are available to all patients and their families, whatever their religious background or spiritual beliefs. Our chaplains offer support, comfort, prayers, and rites or rituals depending on your needs. If you would like to have a Chaplain visit, please inform your nurse or Social Worker and they can request this for you.

We also have a Chapel near the Barker Street entrance. It is a place of prayer and reflection for all people, and is open 24 hours a day. Services and meditation times are advertised on the Chapel door. Alternatively, there is also a quiet room with a lounge near the entrance of the Royal Hospital for Women at Barker Street you can use.

What if my loved one is not expected to survive?

Sadly, despite our best efforts at care in the ICU/HDU, not every person survives a critical illness. Many times, this can feel sudden and unexpected for families. Our staff will talk with you and support you through treatment options and the possibility that your loved one may not survive. We might also talk with you about focusing on comfort care rather than curative treatment. In the event of their death, you may be asked about your loved one's wishes about organ and tissue donation.

We are here to support you and your family after the death of your loved one. Your nurse can assist in answering your questions or will help find the answers for you, as well as consult religious or Social Work support if you'd like. We can also provide you with memory making options.

What to expect during recovery?

The process of recovery is different for everyone and will vary by age, past medical history, and severity of the illness or surgery. Some people require a short time in ICU/HDU while others spend weeks or months, and the rate of recovery can sometimes be hard to predict. Some issues that you may encounter from the ICU/HDU stay:

General weakness

Prolonged bedrest can lead to severe weakness and make activities like sitting out of bed or walking exhausting. The physiotherapists and nurses will help people regain their strength and help set goals for recovery.

Amnesia

Illness and major surgery can make it difficult to remember what happens in ICU/HDU, and sometimes illness or medications can cause very realistic dreams to occur. Family are very useful in helping to fill in memory gaps and your nurse can also help describe events that happened. Families can also help fill in memory gaps by keeping a diary.

Sleep deprivation

The ICU can be a noisy environment and frequent monitoring can make it hard to sleep. Staff do their best to provide rest time, and ear plugs are available from the nurse if desired.

Falls prevention

These situations can cause you to have an increased risk of falls. More information about this is located in the back of this booklet.

Donations

If you would like to help support the ICU/HDU, you can contribute through the Prince of Wales Hospital Foundation, located on level 0 at the Barker Street entrance, or through the website

<http://www.powhf.org.au/>

Research

We aim to be a progressive and innovative unit that actively participates in the Australian and New Zealand Intensive Care Society Clinical Trials Group, which is world renowned for the large clinical trials accomplished. We aim to be a centre for academic and research excellence, and all research conducted in the ICU is assessed and approved by the South Eastern Area Health Service Ethics Committee and the NSW Guardianship Tribunal.

We understand being in ICU/HDU can be a difficult time and having extra decisions to make is not easy. However, our aim is to enhance the quality of care and improve outcomes for all our current and future patients, which can only be achieved by scientific research. If suitable for a research study, the patient or a family member may be approached by the research coordinator or medical or nursing staff to ask for your consent to allow participation. We are very thankful for your contribution to improving the care of our critically ill patients.

Suggestion & feedback

In the visitors waiting room outside the ICU/HDU there is a feedback box where you can either fill in a feedback form or nominate a staff member for Staff Member of the month. In addition, our Managers are always happy to hear from you. If you have any compliments or complaints, please ask to speak to the Nurse Manager or the Clinical Nurse Unit Manager. Alternatively,

you can contact the Complaints Manager on 9282 2755, or you can share your story anonymously on the website Care Opinion:



<https://www.careopinion.org.au/>

Where can I find more information about ICU/HDU?

More information about ICU/HDU conditions, equipment used, investigations, and other information can be found at Intensive Care NSW, Patient & Families page:

<https://www.aci.health.nsw.gov.au/networks/icnsw/patients-and-families>



Front cover & above photo are courtesy of the Prince of Wales Hospital Foundation

Additional health information

For your convenience, the next few pages contain copies of brochures on topics such as the REACH program, pressure injuries, blood transfusions, severe infections, falls prevention, preventing blood clots, and reducing catheter associated urinary tract infections. Larger versions of these brochures are also available in the ICU/HDU visitor waiting area. If you would like these brochures in a different language, please ask your nurse and they can provide one for you.

Are you worried

about a recent **change** in your **condition**
or that of your loved one?

If yes... REACH out.

WHAT IS REACH ABOUT?

R

You may recognise a worrying change in your condition or in the person you care for.

E

1 Engage (talk) with the nurse or doctor.
Tell them your concerns.

A

2 Ask the nurse in charge for a "Clinical Review".
This should occur within 30 minutes.

C

3 If you are still worried call REACH.
You can use your bedside phone or ask for a ward phone.

H

Call REACH on
Help is on its way.

**9382 622 or
x22622**

Speak to your nurse or doctor first.
They may be able to help with your concerns.



R.E.A.C.H out to us
Because together we make a great team.

**SESLHD
Prince of Wales Hospital**

The R.E.A.C.H program was developed by the NSW Clinical Excellence Commission.

PRESSURE INJURY PREVENTION

INFORMATION FOR PEOPLE AT RISK

Pressure injury

A pressure injury, also referred to as a pressure ulcer or bed sore, is an injury to the skin caused by unrelieved pressure. It may occur when you are unable to move due to illness, injury or surgery. A pressure injury can develop at home or in hospital.

They may develop from poorly-fitted shoes, under plasters, splints or braces, and around medical equipment such as tubes, masks or drains.

Pressure injuries can happen quickly, from lying or sitting in the same position for too long. They can be painful, take a long time to heal, and may lead to other complications.



People at increased risk

You have an increased risk of developing a pressure injury if you are:

- elderly or very young
- immobile or unable to reposition yourself
- underweight, eating poorly or have experienced recent weight loss
- overweight
- incontinent (bladder and/or bowel)
- experiencing reduced sensation/feeling

Warning signs of a pressure injury

- redness or skin discolouration
- tenderness, pain, or itching in affected areas
- blistering
- broken skin

Reducing your risk of pressure injury

There are a number of simple things you can do to help reduce your risk of developing a pressure injury.

Move frequently to relieve pressure

Reposition yourself, or ask your carers to assist you to change your position. You can also ask them to regularly remind you to change your position.

Eat a healthy diet and drink fluids regularly unless you are on fluid restriction

You may benefit from nutritional supplements if you are underweight, have recently lost weight, or have been eating poorly. Speak to a health care professional for advice.

Keep your skin clean and dry

Regularly change incontinence pads. Use a soap-free cleanser and moisturiser, if appropriate.



PRESSURE INJURY
PREVENTION
PROJECT



CLINICAL
EXCELLENCE
COMMISSION

Look after your feet

Check for signs of pressure injury on your feet.
If you have diabetes or reduced sensation, check your feet regularly. Wear comfortable, well-fitted shoes.

Use appropriate equipment

Ensure any equipment you are using is in good working order and regularly maintained. Specialised pressure-relieving equipment, such as cushions and mattresses, may be required if you are identified as being at risk of developing a pressure injury, or currently have a pressure injury.

Check your skin

Where possible, check your skin at least daily for signs of a pressure injury. If you are experiencing any warning signs speak to a health care professional for advice.

Early sign of a pressure injury

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Acknowledgements

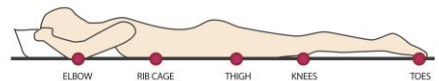
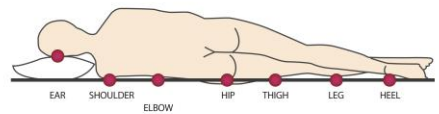
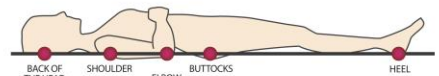
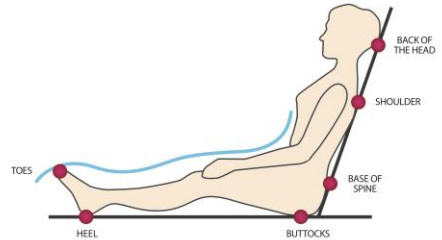
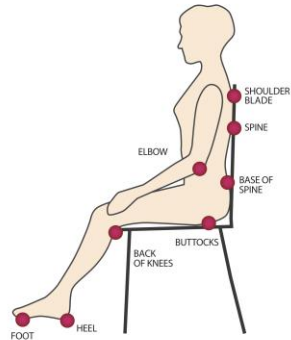
National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. Emily Haesler (Ed.). Cambridge Media: Perth, Australia; 2014.

About the Pressure Injury Prevention Project

The Pressure Injury Prevention Project is a project run by the Clinical Excellence Commission. It promotes best practice for the prevention and management of pressure injuries. For further information on the Pressure Injury Prevention Project, visit www.cec.health.nsw.gov.au/programs/pressure-injury-prevention-project

Pressure Injury Prevention: Information for people at risk.
Released November 2015. © Clinical Excellence Commission 2015, SHPN (CEC) 150588

The diagrams below show the areas of the body at risk of pressure injury when lying and sitting.



PRESSURE INJURY
PREVENTION
PROJECT



CLINICAL
EXCELLENCE
COMMISSION

A GENERAL GUIDE TO BLOOD TRANSFUSION

INFORMATION FOR PATIENTS & FAMILIES

Blood transfusion

A blood transfusion is a procedure where you receive blood through an intravenous cannula (IV) inserted into a vein.

You may need a blood transfusion if your body cannot make parts of your own blood, if your blood cells are not working properly, or if you have lost blood.

It is often possible to reduce or avoid the need for a transfusion.

- Discuss with your health care team the best way to treat anaemia (low number or quality of red blood cells).
- If you are having surgery, discuss with your health care team the need to stop or withhold certain medications, so your risk of bleeding is reduced.
- Your health care team may suggest having your blood collected and returned to you, during some types of major surgery.
- If you do need a transfusion, you should receive only what is needed to relieve your symptoms. For example, once you have received one bag of red blood cells, you should then be reviewed to see if another bag is needed. One bag may be enough.

Parts of blood that may be needed

Red cells carry oxygen to body tissues and organs. They may be given if your levels are low, or you have lost blood.

Platelets help blood to clot and are given to prevent or stop bleeding.

Plasma contains factors that work with platelets to help blood to clot and may be given to prevent or stop bleeding.

Other blood products are given for a wide range of reasons, for example, to improve the immune system or to replace some clotting factors.

For more detailed information on blood transfusion, please visit www.mytransfusion.com.au

If you need a transfusion

You will need to have a blood test to establish your blood group and make sure your type is available.

When you are having your blood test, you should help to check that all the details on the form and the tube are correct and exactly match. This includes your full name spelt correctly and your date of birth.



Disclaimer

This fact sheet is for your educational purposes only. It should not be used to guide and/or determine actual treatment choices or decisions. Any such decisions should be made in conjunction with advice from your treating doctor or other health professionals.



Risks

Australia has one of the safest blood supplies in the world, however, as with all medical procedures, a blood transfusion is not completely free from risk.

Most common risks of transfusion include:

- Minor reactions including a mild temperature, or skin rash
- Fluid overload, causing breathing difficulties, especially in older patients and those with heart disease.

Other less common risks of transfusion include:

- Receiving blood that is not 'matched' to you
- Severe reactions, for example, allergy or acute lung injury
- Transmission of infection, for example, bacteria or viruses.

Consent

Treatment is your choice. Before you are given a transfusion, you should be asked to agree. Use this quick checklist to help you make this choice.

- Do you know why a transfusion has been recommended?
- Have you asked about ways to avoid or reduce transfusion?
- Do you understand the risks?
- Have all your questions been answered?

When you get a transfusion

Before a transfusion, strict checks of your name and date of birth are done again. Two staff members will do this with you. If you need to have more than one bag of blood, or type of blood product, staff will do these checks every time.

Staff will also carefully monitor you for any problems during the transfusion. This means measuring your pulse, blood pressure and temperature at regular

times. Most people feel no different during a blood transfusion, but if you feel unwell in any way, tell staff immediately.

You may have a blood transfusion and be able to leave the hospital straight away. Before you leave, speak to staff about what to do if you feel unwell later.

Addressing concerns

If you are worried at any time, it is important that you speak up. Tell the staff of your concerns, because serious medical problems can occur if you are given the wrong blood. This includes:

- If there is any problem when checking your name and date of birth
- If you feel that the checking has not been done correctly
- If you feel unwell at any time during or after the transfusion.

General information

If you need to have more than one transfusion, or you need to have regular transfusions, you will need to have a blood test every time.

If you have not had a test and you need blood very quickly, you can be given a special blood type, until blood matched for you is available.

Identification details must always be checked with another person, such as a support person, family member or another member of staff.

About Blood Watch

Blood Watch is a program run by the Clinical Excellence Commission. It aims to improve clinical practice associated with transfusion medicine.

It promotes medical and surgical strategies to manage appropriately both donated blood resources and the patient's own blood, to improve individual patient outcomes.

For further information on the Blood Watch program, please visit <http://www.cec.health.nsw.gov.au/programs/blood-watch>

A General Guide to Blood Transfusion: Information for Patients and Families. Released March 2014. © Clinical Excellence Commission 2014. SHPN (CEC) 140070



SEVERE INFECTION AND SEPSIS

INFORMATION FOR PATIENTS & FAMILIES

Sepsis is a severe infection, sometimes called blood poisoning. It occurs when the body's response to an infection damages its own tissues and organs.

It is a medical emergency. Without early recognition and prompt treatment, it can lead to shock, damage to your body's organs and even death.

Severe sepsis requires immediate treatment in hospital.

Many different types of germs or 'bugs' can cause sepsis, including bacteria, fungi and viruses.

Bacteria are the most common cause, although in up to 30 per cent of patients, a source of infection cannot be identified.

Adults and children at risk of sepsis

Sepsis can affect anyone, although, some people are at a higher risk than others.

They include people who:

- are very old
- are very young
- have an illness that affects the immune system
- are taking medications to treat cancer
- have had an organ transplant and are taking anti-rejection medications
- have a chronic illness
- are on long-term steroids
- are diabetic.

Symptoms

Sepsis is difficult to recognise, as it can have similar symptoms to other illnesses.

Early signs and symptoms may include a combination of the following:

- rapid shallow breathing
- rapid heart rate
- confusion or slurred speech
- aching muscles
- feeling very hot or very cold
- loose stools (diarrhoea)
- reduced activity or drowsiness
- not feel like eating
- poor or reduced feeding in infants
- poor urine output or fewer wet nappies.



Disclaimer

This information sheet is meant solely for educational purposes and is not intended to act as a substitute for advice provided by medical professionals. If you suspect that you or a family member may have symptoms of sepsis, please seek immediate assistance from a medical professional.

How sepsis is detected

The signs of sepsis can be subtle, so it can be difficult to diagnose.

Basic observations, including heart rate, respiratory rate, blood pressure, urine output and level of consciousness are all measures that can help detect sepsis.

Laboratory tests may be done to identify the cause of the infection.

Treatment

Medications, such as antibiotics, are prescribed by your doctor based on the type of infection causing the illness.

The first antibiotics are usually broad-spectrum, which means it is effective against several of the more common bacteria.

They are injected into your vein, to get into the blood system quickly.

Antibiotics alone will not treat sepsis. Extra fluids are also needed to help keep blood pressure from being dangerously low. Extra fluids are given directly into the vein by an intravenous drip.



Acknowledgement

This information brochure has been adapted from materials created by the UK Sepsis Trust. Further information for patients and families is available from their website www.sepsistrust.org

People with severe sepsis usually require close monitoring and specialised medicines. This may involve being transferred to an intensive care unit, where there are high levels of specialised nursing and medical care.

Recovery

The duration of illness and recovery from sepsis varies from patient to patient. Your medical team will discuss your treatment and ongoing care with you and your family, or care giver.

About the Clinical Excellence Commission

The Clinical Excellence Commission (CEC) has a central role in the responsibility for quality and safety in the NSW health system. It was established in 2004 to promote and support improved clinical care, safety and quality across NSW.

The CEC's sepsis program works with doctors, nurses and health service managers to improve the recognition and treatment of severe infection and sepsis, to reduce its impact, mortality and financial costs in NSW.

For further information on the sepsis program, please visit: www.cec.health.nsw.gov.au/programs/sepsis

Falls Prevention – In hospital

**If you fall in hospital, it can lead to injury, resulting in a longer stay.
Most people fall near the bed and while getting to the toilet.**

What causes people to fall?

- Being unwell and in an unfamiliar place.
- Poor mobility and balance (unsafe when walking).
- Badly fitting footwear and clothing.
- Urgent need to go to the toilet.
- Medications that cause drowsiness/dizziness.



Photo© Queensland Health

Top tips to prevent a fall in hospital:

- **Use your call bell.** Keep it in easy reach and ring **early** if you require assistance. Please wait for staff, especially if you have been told you require assistance.
- **Sit down to shower and use the rails** to get off the chair or the toilet. If you feel unsafe in the bathroom, remain seated, use the call bell and wait for assistance.
- **Familiarise yourself with your room and bathroom.** Be aware of any hazards (e.g. spills and clutter) and advise staff when you see them.
- **Take your time.** When getting up from sitting or lying down. Let staff know if you feel unwell or unsteady on your feet. Use stable objects for support.
- **Use your walking aid.** Always use your own walking aid and keep it within reach.
- **Wear safe footwear.** Wear supportive shoes, slippers or non-slip socks that fit you well – no scuffs or thongs. Do not walk in socks or surgical stockings without non-slip soles.
- **Wear your glasses.** Keep glasses clean and within easy reach.
- **At night.** Use the light button on the call bell to turn on the light before getting out of bed. Turn the light on in the bathroom.

If you do have a fall - do not get up on your own - wait for help.

Falls Prevention – In hospital

Things you need in hospital:

- All medications you are currently taking, including supplements.
- Nightwear that is above your ankle length.
- Well fitting shoes, slippers, or non-slip socks.
- Any equipment you normally use, such as glasses, walking aids, hearing aids and spare batteries.

Staff will:

- Screen and assess your risk of falling. Discuss with you and your family/carer, strategies to reduce risks. These will be included in your care plan.
- Liaise with others who specialise in falls prevention, such as a physiotherapist and/or occupational therapist, to assist with your care.

If you do have a fall, staff will:

- Consult you and your family/carer to identify why you fell and repeat an assessment of your risk of falling again.
- Make changes to your care to make you safer.
- Arrange review by a doctor.

Preventing falls is also important when you go home.

Before you leave hospital, you may be referred for further review or services, to make you safer at home.

Acknowledgement to:
South Western Sydney and Sydney Local Health
Districts Falls Prevention Program

Northern Sydney and Central Coast Local Health
Districts Falls Prevention Program

For further information scan this with your smart phone

Email: falls@cec.health.nsw.gov.au
Web: www.cec.health.nsw.gov.au

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PREVENTING BLOOD CLOTS

INFORMATION FOR PATIENTS & CARERS

Sometimes blood can pool and thicken inside normal, healthy veins and block the flow of blood through the body. This is known as a blood clot. Blood clots can be minor and have no signs or symptoms, but they can also cause significant health issues and, in some cases, lead to death.

Most blood clots occur in the deep veins of the legs or groin. Occasionally, clots break free from the area and move to other parts of the body, including the lungs. Blood clots that move to the lungs are particularly serious.

Blood clots are a leading cause of preventable death in Australia. Early detection and treatment of clots can help reduce the risk of harm. However, preventing clots is much easier, safer and more effective.

Causes of a blood clot

Being a patient in hospital increases your chance of getting a blood clot, particularly if you are having or have recently had surgery or a procedure, or if you are unable to move around as usual. A clot could occur during your stay in hospital or after you return home following treatment in hospital.

Your risk of developing a blood clot is increased if:

- You are over 60 years old
- You are overweight
- You have had a blood clot before
- Someone in your family has had a blood clot
- You are pregnant, or have recently given birth
- You have cancer or are undertaking cancer treatment
- You are on the contraceptive pill
- You take hormone-replacement therapy
- You have a chronic illness (like heart disease) or a blood disorder.

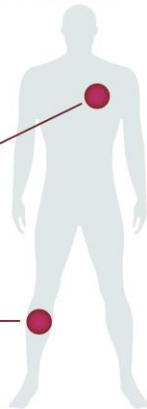
Speak to your doctor if you have any concerns.

Signs and symptoms of a possible blood clot

Tell your doctor or nurse if you experience any of the following:

Chest pain, sudden shortness of breath or coughing up blood-stained mucus

Pain and/or swelling in the legs. Skin may be red or warm to touch



Disclaimer

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What you can do to help prevent a blood clot while in hospital



Drink water

Water helps blood flow. Check with your doctor how much water you should be drinking per day.



Stay active

Staying as active as you can will help to keep your blood flowing. Ask your doctor if it's ok to walk around.



Keep your stockings on

If you've been given compression stockings to wear, keep them on as directed.

What your doctor will do

To help prevent you from developing a blood clot, your doctor may need to prescribe an anti-clotting medicine and/or a mechanical device. If you think you are at risk, please discuss with your doctor.

Anti-clotting medicine

This is a medicine that slows down the formation of a clot, making it less likely to form. Your doctor will choose the best medicine suited to you. It may be an injection or tablet that you will be given each day while you are in hospital, or until you start moving around as usual. You may need to continue taking the medicine when you go home.

Mechanical devices

Mechanical devices apply pressure to your legs to help keep the blood moving around. There are many different types of mechanical devices. The most common are compression stockings, intermittent pneumatic compression (IPC) devices and venous foot pumps.

If they become uncomfortable to wear, speak to your doctor or nurse before you remove or adjust them.

Acknowledgements

This information leaflet has been adapted from 'Blood Clots and You', developed by Southern Cross Hospitals, New Zealand.

Your "Going Home" Plan

<Place Patient Sticker Here>

Complete the following with your doctor or nurse to record what you have been given to help prevent a blood clot after leaving hospital:

Medicine: _____

Dose: _____

When to take: _____

For How Long: _____

Mechanical Device: _____

For How Long: _____

If you start to develop swelling or pain in either leg, shortness of breath or chest pain, **contact your GP immediately or go directly to an emergency department.**

Medical terms for blood clots

Deep Vein Thrombosis (DVT) is the medical term for a blood clot in the deep vein of the arms, legs or groin.

Pulmonary Embolism (PE) is the term for a blood clot that has travelled to the lungs.

DVTs and PEs are collectively known as venous thromboembolism (VTE).

About the VTE Prevention Program

The VTE Prevention Program is run by the Clinical Excellence Commission. It aims to help prevent patients in hospital from developing blood clots (VTE).

The program raises awareness, improves clinical practice, and promotes the risk assessment of all patients and prescription of appropriate treatment to reduce the risk of developing a VTE.

For further information, please visit <http://www.cec.health.nsw.gov.au/programs/vte-prevention>.

Preventing Blood Clots: Information for Patients and Carers. Released September 2014. © Clinical Excellence Commission 2014. SHPN (CEC)140237



REDUCING CATHETER ASSOCIATED URINARY TRACT INFECTIONS IN HOSPITAL

INFORMATION FOR PATIENTS AND FAMILIES

What is a urinary catheter?

A urinary catheter is a drainage tube that is inserted into the bladder to drain urine. A small balloon at the tip of the catheter holds the catheter inside the bladder so it will not fall out.

How does a catheter work?

The catheter will be connected to a catheter bag. The catheter and bag should be connected at all times, unless one of them is being changed. This will help prevent germs entering the catheter and causing an infection.

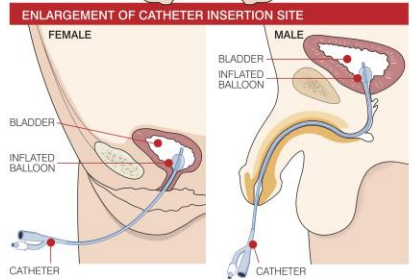
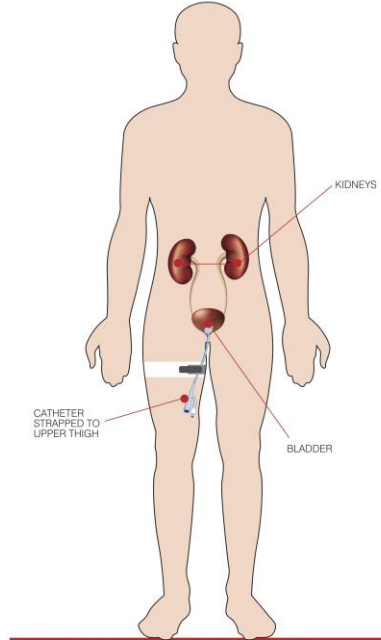
The bag should be emptied when it is $\frac{3}{4}$ full. Your nurse will empty it for you if you have never done this before.

Will I get an infection if I have a urinary catheter?

It is important to know that having a catheter does not mean you will get an infection. Having a catheter in place will put you at a higher risk of getting a urinary tract infection, but these infections can be prevented through good personal hygiene and catheter care.

At any time during your hospital stay, you can talk to your doctor or nurse if you have any questions about your catheter. Questions you might like to ask may include:

- Why do I need a catheter?
- How is it going to feel when it is in place?
- Will I still feel like I need to go to the toilet?
- How long will I need the catheter for?
- What should I do if my catheter or catheter bag gets dirty?



What can I do to help prevent a urinary tract infection while I am in hospital?



Wash your hands before and after touching the catheter or bag.



Keep the catheter secured to your body.



Make sure the bag is always connected to the catheter.



Check for kinks or loops.



Keep your bag below the level of your hip, and off the floor.



Shower daily and wash around where the catheter has been inserted.

What should I look out for?

Tell your doctor or nurse immediately if you feel or notice any of these things:

Constipation

Urine level has not changed in 4 hours

Blood in your urine

Cloudy or smelly urine

Stomach or lower back pain

Chills or fever

Any pain or discomfort around your catheter

Feeling confused or not like your usual self

If your catheter moves out of place or falls out

Disclaimer

This brochure is provided for information only. It is not intended to substitute for medical advice and should not be used to determine actual treatment choices or decisions. This brochure has been adapted and modified from material produced by Hunter New England LHD and Nepean Blue Mountains LHD.

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About this Project

This project is being undertaken by the CEC's Healthcare Associated Infections (HAI) program. The HAI program aims to assist local health districts and speciality health networks to improve systems to manage and monitor the prevention and control of HAIs.

A copy of this brochure can be downloaded from the Clinical Excellence Commission's website: www.cec.health.nsw.gov.au/programs/hai

Help and support for a stay in a city hospital



www.friendlyfaces.info

The Friendly Faces Helping Hands website connects you, your carer and family with support during your stay in a city hospital.



Accommodation



Chemists



Cheap eats and supermarkets



Support workers



Parking and transport



Resources



If you have questions, sometimes it helps to write them down so you can discuss them later:
