

**Patient
Information**

After Critical Care

Introduction

This leaflet tells you about some of the common problems patients have on being moved to a ward following a stay in Critical Care and also on leaving hospital. The leaflet suggests simple ways to solve these problems and also tells you what to expect.

It is important to say that not everything in this leaflet will apply to all patients.

It is believed that patients with a critical illness lose 1% of their muscle mass each day of their Critical Care stay. This is why we try to get patients out of bed and mobile as soon as possible.

Patients who have been in critical care for a week or longer can find that they take longer to recover than patients who are on standard wards. Recovery may take months rather than weeks. The length of time it takes to recover will depend on:

- your general health before being critically ill.
- if you have suffered weight loss since coming into hospital.
- if there has been a decrease in your appetite.
- the nature of your illness.
- the length of illness and how long you have spent in the Critical Care unit.
- whether your critical illness has caused changes to your physical ability.

Going to the ward

Leaving Critical Care and going to a standard ward is an important and positive step on the way to recovery. It is normal for both you and your family to feel anxious during this time, as you will be meeting new staff in a different environment with new routines.

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Department

Critical Care

Review due

July 2028

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Nursing staff on the ward are used to caring for patients who have been seriously ill and nursed in Critical Care. They will be able to talk to you about this or involve the Acute Care Response Team (ACRT). The team will follow-up patients who have been discharged from Critical Care when they go to the ward. They will listen to any worries you may have and answer any questions you may want to ask. The nursing staff will give you and your family information about the ward's routine.

On the ward, the nursing staff are responsible for looking after several patients at a time, so will not always be at your side. If you need help, there is a call bell that you can use. The nursing staff will be with you as soon as possible.

The first few days may not be easy for you and your family but being discharged to the ward shows that you are improving.

Activity

You will get tired easily. This is normal as your muscles have not been used properly for a while. Your arms and legs may be heavy and swollen with fluid (oedema) which can make moving around more of an effort.

Your joints may feel stiff and uncomfortable as they have not been used for a while. Things will ease with time and careful exercise.

Physiotherapy

If needed, you may be seen by a physiotherapist on the ward. The physiotherapist will monitor your breathing while you work through an exercise or rehabilitation programme. The focus of the programme will be to regain your muscle strength and mobility so that you can go home.

When you are ready to be discharged, the physiotherapists will talk to you about any exercises you will need to do at home. They will also arrange any follow-up care you need after discharge, as an outpatient. If you have not been seen by a physiotherapist on the ward and feel that you need this support, please let the nursing staff know so that it can be arranged.

**Patient
Information****After Critical Care in hospital and at home -
diet and nutrition**

It is important that you try to eat well following a period of critical illness as it helps with recovery. Your appetite or sense of taste may have been affected during your illness. You may also have lost weight.

If your appetite is poor, or you are eating less it, is important to eat foods that are as nourishing as possible. The following guidelines can also be followed if you are trying to regain any weight you may have lost during your illness.

- Always try to eat full fat and full sugar products (if you are diabetic, you should avoid full sugar drinks).
- Eat when you feel the need to rather than having set meal times.
- Try to have small frequent meals and nourishing snacks by eating something every 2 to 3 hours.
- Make the most of times when you feel hungry. Try having a cooked breakfast.
- If you cannot manage a meal, try a drink of hot chocolate, milkshake, milky coffee or malted milk.
- Try not to fill up on drinks in between or with meals.

Examples of nourishing snacks:

- A bowl of cereal or porridge made with milk and sugar.
- Cheese, baked beans or sardines on toast.
- Cheese and crackers.
- A bowl of creamy soup and a roll.

If you are feeling nauseous (sick):

- Avoid eating or preparing food when you feel sick – make the most of the times when you feel less sick to eat or prepare foods.
- Avoid fried or fatty foods.
- Eat light, bland foods such as plain toast, biscuits or crackers.
- Drink clear fluids like fruit squash, black coffee, tea or fruit teas. You may like to eat fresh or tinned pineapple chunks; these will help to keep your mouth fresh and moist.

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You can buy build up drinks from chemists and supermarkets such as Build Up[®] and Complan[®].

Sweet and savoury flavours are available and they can be used as a drink between meals or to replace a meal from time to time. If you have any concerns about your diet or nutrition, please ask to be referred to a dietitian.

Once you have recovered and are eating well, you should try to eat a balanced and varied diet to keep you well. Your diet should include foods from all of the food groups, with plenty of fresh fruit and vegetables.

Sleeping

Sleeping patterns can change after the routines in Critical Care and on the wards.

Wards can be noisy and medication given in Critical Care can also alter your sleep pattern. This can cause you to have strange dreams and nightmares which may continue for some time. If these dreams are disturbing, please speak with the ward nurses or ask them to contact ACRT to discuss your concerns. If you continue to have disturbed sleep, strange dreams or nightmares at home please speak to your GP.

You may need to take short rest periods during the day as you might still be very tired.

Some people find that a bedtime drink is helpful, such as hot milk but try to avoid tea, coffee and large amounts of alcohol. A bath, shower or reading just before going to sleep may also help you to relax.

Some patients also have problems with their memory and concentration span as a result of their critical illness. This is likely to be related to the medication given in Critical Care.

Changes in mood

Some patients can feel very low or anxious following a period of critical illness. They may feel frightened about becoming ill again or depressed due to a loss of independence or changes to their lifestyle.

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Physical appearance can also be changed after a critical illness which may affect your mood. Critical illness can cause you to lose a lot of weight and sometimes hair loss. Areas of your skin where you had tubes inserted may also feel numb. This may all just be temporary but can often be upsetting.

It may take a while for you, your family and friends to come to terms with what has happened to you. Discussing your experiences with someone will help you all to understand your feelings and help in your recovery. The nurses and ACRT will be able to help. The website produced by ICU Steps gives advice and supportive information for patients and their families. The website details are at the end of this leaflet.

Relationships with family and friends

Your family and friends may find it very difficult to understand everything that has happened to you and how you are feeling. While in Critical Care, a patient diary may have been kept and this may help explain what has happened during your stay. The diary will go with you to the ward and can be continued to be used throughout your rehabilitation.

This may be an upsetting time for your family and they may feel they need support. Please speak to a member of staff about this and we can put them in contact with support for carers.

Post Critical Care follow-up clinic

If during your stay in Critical Care it is thought that you would benefit from a follow-up, we will contact you. This is normally decided by your length of stay and condition while in Critical Care.

The follow-up clinic is multidisciplinary and you will have access to a doctor, dietician, pharmacist, nursing staff, physiotherapist, psychologist and services from the community. This is all aimed at supporting your rehabilitation needs, both physically and mentally.

If you feel that this would be of benefit and we have not made contact within 4 months of your discharge from hospital, please contact the unit on 0300 422 6176.

**Patient
Information****Contact information****Department of Critical Care**

Gloucestershire Royal Hospital

Tel: 0300 422 6182

Department of Critical Care

Cheltenham General Hospital

Tel: 0300 422 4013

Further information

If you would like to talk to someone else, please phone the appropriate number for the organisations listed on the following pages.

Age UK Gloucestershire

Tel: 01452 422 660

Website: www.ageuk.org.uk/gloucestershire/National website: www.ageuk.org.uk**Alcoholics Anonymous**

Tel: 0800 917 7650

Website: www.alcoholics-anonymous.org.uk**Alcohol Change UK**

Tel: 0300 123 1110

Website: www.alcoholchange.org.uk**Asthma + Lung UK**

Tel: 0300 222 5800

Website: www.asthma.org.uk**British Heart Foundation**

Tel: 0300 330 3322

Website: www.bhf.org.uk**Brainkind**

Tel: 01444 239123

Website: www.brainkind.org**British Liver Trust**

Tel: 0800 652 7330

Website: www.british-liver-trust.org.uk

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British Lung Foundation

Tel: 0300 222 5800

Website: www.blf.org.uk

Carers UK

Tel: 0808 808 7777

Website: www.carersuk.org

Colostomy UK

Tel: 0800 328 4257

Website: www.colostomyassociation.org.uk

Cruse Bereavement Support

Tel: 0808 808 1677

Website: www.cruse.org.uk

Diabetes UK

Tel: 0345 123 2399

Website: www.diabetes.org.uk

Disabled Living Foundation

Tel: 0300 999 0004

Website: www.dlf.org.uk

Epilepsy Society

Tel: 01494 601 400

Website: www.epilepsysociety.org.uk

FRANK

Tel: 0300 123 6600

Website: www.talktofrank.com

Gloucestershire Carers Hub – People Plus

Tel: 0300 111 900

Email: carers@peopleplus.co.uk

Guillain-Barre Syndrome (GBS) Support Group

Tel: 0800 374 803

Website: www.gaincharity.org.uk

GUTS Charity

Website: www.gutscharity.org.uk

**Patient
Information****Headway – The Brain Injury Association**

Tel: 0808 800 2244

Website: www.headway.org.uk**ICU steps**

Tel: 0870 471 5238

Website: www.icusteps.org**Intensive Care society**Website: www.ics.ac.uk (select the Patients and Relatives section)**Limbless Association**

Tel: 0800 644 0185

Website: www.limbless-association.org**MENCAP**Website: www.mencap.org.uk**Meningitis Trust**

Tel: 0800 8010 388

Website: www.meningitis-trust.org.uk**MIND**

Tel: 0300 123 3393

Website: www.mind.org.uk**National AIDS Trust**

Tel: 020 7814 6767

Website: www.nat.org.uk**National Debtline**

Tel: 0808 808 4000

Website: www.nationaldebtline.org**Nice Guidelines – How we develop guidelines and standards**Website: www.nice.org.uk/guidelinesmanual**Organ Donation - British Organ Donor Society**

Tel: 0300 123 23 23

Website: www.organdonation.nhs.uk

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Pain Concern UK

Tel: 0300 123 0789

Website: www.painconcern.org.uk

Samaritans

Tel: 116 123 (free)

Website: www.samaritans.org

Smoking - QUITLINE

Tel: 0300 123 1044

Website: www.nhs.uk/better-health/quit-smoking/

Stroke Association

Tel: 0303 3033 100

Website: www.stroke.org.uk

Victim Support

Tel: 08 08 16 89 111

Website: www.victimsupport.org.uk

Gloucestershire Hospitals NHS Foundation Trust cannot be held responsible for the contents of these web sites.

Acknowledgement

This leaflet was originally created by Whiston Hospital, Prescot, Merseyside. We thank them for the permission to make this amended version.

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Notes

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>