

## Admission to the Intensive Care Unit, and Ceilings of Care

### Discussions about Ceilings of Care – why have I been given this leaflet?

~~This leaflet aims to give you some basic information about what an admission to Intensive Care Unit (ICU) is, and what other options are available for you to consider. The alternatives are, so that you can decide whether it is something you would want (and so that if you are admitted to ICU, you have a better idea of what is happening to you).~~

When you are ill in hospital, ~~your medical team~~ the doctors and nurses will always try to give you the best care ~~for~~ for you – this includes treating your medical problems like infections but it also includes treating you as an individual by thinking about your dignity, your values and priorities and your overall quality of life.

Not ~~all patients~~ everyone will benefit from all treatments, and ~~some people don't want treatments,~~ not all patients actually want all treatments, especially if they feel they are unlikely to work. It is therefore important to be able to discuss your personal wishes with your ~~loves~~ one family, and your medical team while you are well enough to be able to express your views clearly, make plans that are right for you.

Whether a treatment is likely to benefit work you or not is a medical decision made by the medical team looking after you, and you will only be offered treatments which are right for you and likely to help your condition ~~won't be offered treatments which are not likely to help you.~~

~~But~~ It is important to remember that if a treatment is offered to you, it is your decision with the help of the medical team and your family to consider the options so the decision is right for you as a person, whether to accept it, or whether you would prefer a gentler approach focused on your quality of life.

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### What is intensive care, and why might I need it?

The intensive care unit provides extra support to sick patients by providing much closer monitoring and treatments than can be provided on a general ward, ~~to give their body more time to fight their illness. It also provides closer monitoring than can be provided on a general ward.~~

If you are very unwell, you might be admitted to ICU so that you can receive more specialised aggressive treatment such as breathing support and dialysis support. ~~to keep you alive and give treatment more time to work~~

These treatments will do not work for everyone, and the Intensive Care doctors, together with your own medical team, will make an ~~individual~~ assessment about whether you as a person are likely to survive the treatments and benefit from them. We do not ~~refuse -ration~~ ICU treatment to the elderly and by age, ~~and even at the height of the COVID pandemic, we did not turn away anyone who we thought would benefit from ICU treatment.~~ If we think admission to ICU will help you we will make sure that happens, ~~a space will be found, even if it is in another hospital.~~

**Commented [VK1]:** Whilst I think this was true at KCH I thin sveral in our sector felt that they were not able to admit all who might benefit so if this is to be universally used regrettably I think we need to take this out - sorry

## What treatments might I receive?

There are a number of different ways that the ICU team can help support you in recovering. What you need will depend on what is wrong with you but you may need some or all of the following:

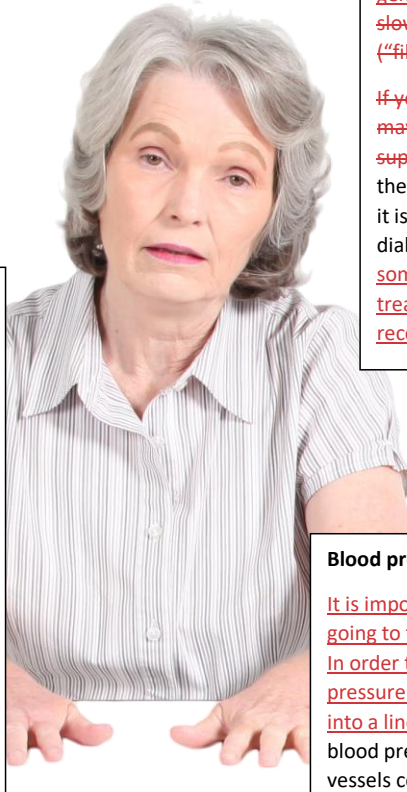
### Sedation

Often, when a patient is very sick, the ICU team give drugs to put them into a medically induced coma which is a bit like having a general anaesthetic. This treatment allows the patient to relax and receive treatments that will help support them.

### Breathing

Often patients admitted to ICU may need help with their breathing. Sometimes an oxygen mask will manage all that is required with an oxygen mask, but most will have a breathing tube inserted into their windpipe that makes sure the lungs receive enough oxygen through a machine called a ventilator, and oxygen will be pumped in and out of the lungs by a machine called a ventilator.

Sometimes if somebody needs a breathing tube is needed for a longer period of time a tube may be inserted through a hole in the throat (near the voicebox) for a very long time, the ICU team may make a hole in their throat (near the voicebox). This is called a tracheostomy.



### Kidneys

If you are already on dialysis, this will continue. It may be provided as a continual form which is known as filtration and is a slower, more gentle process. This may be a gentler, slower form of dialysis called CVVH ("filtration").

If you are not already on dialysis, you may or may not need kidney organ support. When people are very ill, their kidneys are often affected, and it is possible that you might need dialysis either temporarily or sometimes as a more permanent treatment even though you haven't received it before.

### Blood pressure

It is important to keep enough blood going to the brain and other organs. In order to do this a good blood pressure is required. Drugs are given into a line in the neck to keep the blood pressure up (by making blood vessels constrict). This is to keep the sure in blood vessels high enough to keep blood going to the brain and vital organs.

### Feeding

Most patients will not be able to eat normally or take in enough calories, and will need a feeding tube into the stomach via through the nose, or occasionally straight into a vein line in the neck.

### Can my family visit?

During the Covid pandemic, families were often not allowed to visit at all – most ICUs had tablets or other ways for families to “see” their family member, and to get an update on how they are doing from the medical team, doctors and nurses

Generally yes, in the main visiting is encouraged, although given the amount of medical equipment around the bedside, usually only one or two people can visit at a time, and only for short periods (to allow ongoing treatment without interruptions). Children may find all of the equipment distressing, and small children are usually not allowed at the bedside due to the risk of them touching buttons or sharp things, or dislodging something.

When your family and friends visit you may be sedated and appear unconscious but they can still sit with you and hold your hand and talk to you.

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~~When you do visit, your family member may appear unconscious – but you can still hold their hand or chat to them which may help them to know that you are there.~~

### What to Expect after ICU

Some patients who go to ITU were relatively young and fit prior to their admission – for a few of these patients they will do very well post ITU and return to a good quality of life quickly – for others they will ultimately do well but it may take a number of months to improve. Unfortunately, however for many others they will not have such a good outcome.

Most patients who have been ill enough to need admission to ICU have a very slow recovery period – it is not unusual for it to take even young and previously healthy patients 6-12 months to get back to “normal” after an ICU stay.

### Physical health

Depending on the cause of your admission to ICU, you may have permanent damage to your body. For example, the kidneys may have been so damaged that you now require permanent dialysis, or you might have much worse kidney function than you did before.

### Strength/Mobility

If you have been in a medically-induced coma, not using your muscles, they will start to weaken through lack of use after just a few days. Your body will also start to burn up muscles and fat to provide itself with extra energy while you are unwell. This leads to muscle wasting and weakness.

You may need to learn to walk again, and even young, previously active patients often need a period of rehabilitation and physical therapy. Older patients may never regain their previous level of strength and independence, and may need a package of care or nursing home when they leave hospital.

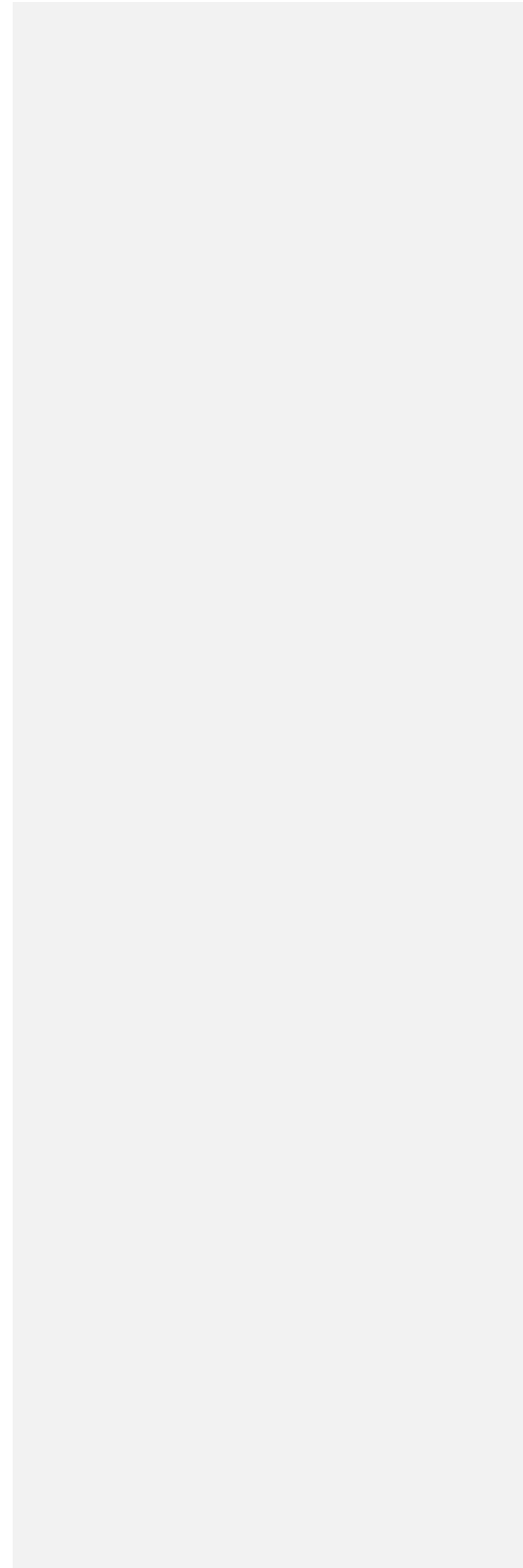
### Mental health

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Many patients find ICU admission traumatic. Firstly, there is the realisation that you have nearly died. Secondly the illness itself may have been frightening, painful, or life-changing. Most patients are in a medically-induced coma for much of their ICU stay, so they may also only have hazy memories of their time in ICU, and what they do remember may be confusing, or frightening,

Psychological support is available for patients who feel traumatised by their ICU admission.

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### Why might ICU not be right for me

Firstly, some patients do not want to have all of the invasive treatments described above. They may feel that they have been through enough already, and do not want more aggressive medical interventions. Patients who have been to ICU before and found it traumatic may also feel that they do not want to go back.

Secondly, ICU can support the body's organs to give a person time to recover from illness, but if there is no chance of recovering from the illness (ie terminal cancer, ~~catastrophic~~ stroke, ~~or something else untreatable~~), admission to ICU will not change that fact. Instead, you risk spending your last days in a medically-induced coma, away from your family and friends, instead of awake and comfortable on a ward, at home, or in a hospice, with visitors around you.

Sometimes, the medical team (either ICU doctors, or your usual medical team) already know that your body is not strong enough to survive an admission to ICU. In that case, it would be harmful to put you through invasive medical treatments which they know will not work. Under these circumstances the medical team may make a decision that it is not fair to take you to ICU.

### What are the alternatives? What else can be offered?

~~Firstly, some patients may be managed on the ward, still receiving treatment, but a less invasive sort such as (for example, antibiotics and other medications and oxygen through a mask but no breathing tube, etc).~~

~~Others patients, who have no chance of survival (either because the disease itself is incurable, or because their health is not good), may prefer to stop uncomfortable treatments and investigations such as blood tests and drips, and simply have treatments to keep them comfortable (such as fluids where needed or pain control/palliative care).~~ They may stay on the ward, or if they are strong enough to be moved, may go to a hospice or home with community palliative care support.

Sometimes palliative ~~care-care~~ runs alongside active treatment (eg continuing antibiotics, but giving painkillers to keep patients comfortable), so that whether somebody survives or not, they are not in any discomfort or distress.

Dialysis may stop – either because the patient wants to stop (because they would like to spend the time with their family, or because they find it exhausting), or because it is no longer medically possible to carry it out (for example, if blood pressure is too low, it can be dangerous to attempt dialysis).

**Commented [RG2]:** This is giving the impression they have a choice. I think this is a difficult section to get across in a positive way but with honesty.

If you are offered ICU treatment, you may wish to think about:

**Commented [RG3]:** I like the idea of this but think it is a bit emotive. The information is right but perhaps needs a different perspective. I think again an infographic would be better here.

Would you mind uncomfortable interventions, and very “medicalised” treatment, if they had a good chance of saving your life? What if the chance of success was lower?

What is more important to you – length of life, or quality of life (and a good death)?

Would you rather be with your family, in a peaceful room on the ward, or opt for a more invasive treatment that gave might give you a slightly better chance?

Are there any circumstances in which you wouldn't want to be kept alive? For example, if you were permanently bed-bound, or if you couldn't look after yourself, or if you had dementia and no longer recognised your family? Or would you want to be kept alive in all circumstances?

~~Are there any circumstances in which you wouldn't want to be kept alive? For example, if you were permanently bed-bound, or if you couldn't look after yourself, or if you had dementia and no longer recognised your family? Or would you want to be kept alive in all circumstances? What has been your experience of medical care so far? Do~~

**Commented [VK4]:** I think some of the bubbles might need to be a bit more nuanced - I think most people would opt for a better chance of survival (perhaps change to “opt for a more invasive treatment that would still only give you a very small chance of survival)

These are difficult things to think about, and there are no right answers – different people will value different things more, and what gives your life meaning and value will vary from person to person. Many people with very high levels of disability have an excellent quality of life, and would be keen to have invasive treatments to keep them alive for longer. Some people may feel that they have had a good life already, and would not want medical treatments which cause them any extra burden. Both points of view will be respected.

If you would like to speak to your medical team, or the renal counselling service, about any of the issues raised by this leaflet, please speak to XXXXXXX.

