Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Your stay on the Unit (ICU & HDU)

Version number: **8**
Last modified date: **12th November 2026**

Your Stay on the Unit (ICU & HDU)

Patient Information

Intensive Care Unit

- Author ID: RW/NH
- Leaflet Ref: ICU 002
- Version: 8
- Leaflet title: Your Stay on the Unit ICU/HDU
- Date Produced: September 2024
- Expiry Date: September 2026

Introduction

The following information has been prepared in order to help alleviate the anxieties felt by both patients and relatives during a stay on the Intensive Care (ICU) and High Dependency Units (HDU).

The ICU team are willing to discuss care, treatment or procedures with patients if appropriate, and relatives with honesty, whilst maintaining confidentiality.

On each visit to the unit, please use the intercom system to gain entry; press the buzzer and wait for it to be answered. Once the door is opened for you, please do not allow other people onto the unit without the knowledge of the staff.

This unit admits men and women from the age of 16 years upwards, and there are 11 beds in total: 7 ICU beds and 4 HDU beds. We are aware that mixed sex wards may cause anxiety, but the need to admit and treat critically ill patients overrides the need for segregation. We will, however, strive to ensure privacy and dignity at all times; please talk to us if you have any concerns.

Patients in an ICU bed will receive one-to-one nursing care, whilst in HDU one nurse will look after two patients.

What to Expect

Patients are continually monitored via the equipment at the bedside. Oxygen is delivered into the lungs by a tube through the mouth or neck, or by nasal cannulas (oxygen delivered via the nostrils), or by a mask which fits over the mouth and nose. The tube may be connected to a ventilator (breathing machine).

Electronic pumps at the bedside deliver sedative drugs, analgesia (pain relief), antibiotics, nutrition etc. Patients may also have a catheter tube in the bladder, whilst immobile in bed. These will be removed when no longer necessary.

Patients are reviewed daily, usually in the morning, by the consultant and the team, and decisions regarding ongoing treatment are made at that time.

The consultant and the team will decide when the patient has recovered enough to progress to HDU or a ward.

On discharge to a ward, the patient will be ‘followed up’ by our critical care outreach nurses to ensure their continued recovery. Once the team is happy that they are progressing, the outreach team will discharge them.

During the stay, the patient and/or relatives may be asked to meet and chat with a doctor to make sure they are up to date with care, treatment, and progress. This is also an opportunity to ask any questions.

Delirium

Some of our patients will experience acute confusion while they are in ICU/HDU; this is known as delirium. They may not even know they are in hospital and may not respond normally to explanations and reassurance. The patient may be convinced about the reality of the confused world they are in, and this can be a very worrying time for relatives.

Some of the causes are ICU treatments, infection, sleep deprivation, liver, and kidney failure. We can treat delirium with drugs and by repeatedly telling the patient where they are and what is really happening; relatives can help by talking to them and reassuring them too.

Delirium is usually temporary, but may take several weeks to clear completely, and for the patient to work out what was real and what was imaginary.

Diaries

Your relative should have a patient diary that is kept by the bedside. There is space for daily entries by nursing staff and for relatives and friends to write in if they wish. Please ask a member of staff if you cannot see the diary.

After your relative has been discharged from hospital and is recovering, they will be invited to the Diary clinic. This is an opportunity for them to go through their diary with a member of staff and visit the unit. This is optional, and some patients choose not to attend the clinic.

Diaries can help people to piece together what has happened to them, especially if they remember nothing or very little about their time in ICU. To help fill this memory gap and

help patients to understand what has happened, photographs may also be taken at certain points during the patient's ICU stay, and added to the diary when it is returned to the patient.

Psychological Support

Your relative may be seen by the Psychologist on ICU/HDU. They may then be followed up on the ward and when discharged home. If you are concerned about your relative's emotional health, please speak to the ward staff and they can refer to Psychology.

If you are finding it difficult to cope, please review the 'Looking After Yourself: Advice for Families, Friends and Carers' Leaflet. Alternatively, ask to speak with the Psychologist or Hospital Chaplaincy Service for support.

Visiting

Daily visiting times are 12pm until 7.30pm

The ward round takes place in the morning when confidential personal and medical details are discussed, and this is why visiting times are restricted to the afternoons, to ensure this information is not overheard, and that confidentiality is maintained.

Please understand that we only allow two relatives at the bedside at a time, to avoid over tiring the patient, and to ensure that the nurse always has access to the bed area. There are special circumstances when visiting can be arranged outside of these times. Please speak to the nurse looking after your loved one if you have any queries or special requirements.

Children are allowed to visit, but please speak to a nurse about this and they must always be supervised.

Please do not visit if you are suffering from symptoms of COVID-19, a heavy cold or have suffered from diarrhoea and/or vomiting in the last 48 hours.

Parking

Public parking is by Pay and Display. Please ask a member of staff about concessions. More information is available on the trust website: https://www.wwl.nhs.uk/royal-albert-edward-infirmary

Refreshments

Level 2 entrance:

Hospital dining room - please check their opening times.

Shop selling snacks and hot drinks.

Hospital Chapel

This is located on Level 2 and is open 24 hours. The Chaplaincy Team Leader is the Reverend Anne Edwards. She can be contacted by telephone **01942 822324**.

Overnight Stay

There are no overnight facilities at the hospital, but there are special circumstances when relatives may need to stay, and the nurse will speak to you about this at the time.

Property

We ask that only essentials, such as spectacles, hearing aids or dentures are left. We can provide toiletries, but we do encourage the use of familiar toiletry and hair care products if you wish to use them.

We do not allow flowers or plants onto the Unit.

Relatives Room

When asked to wait outside, the Relatives Room is available for all visitors to use. There may be times when it is used for private conversations with the doctors and families.

Contact

The direct telephone numbers to the unit are: **01942 822591 or 01942 822380.**

Relatives can ring us any time, but it would help if only one person telephones the hospital, then passes the news onto others, because each phone call takes the nurse away from the bedside. Also, please be aware that we are unable to give detailed information over the phone, and you will be asked for the Password assigned to the patient. It is usually possible for the patient's nurse, nurse in charge and/or doctor to give you up to date information daily in person.

Important Documents

If your relative has any important documentation, such as a Lasting Power of Attorney document or Advanced Directive, please mention this to staff. They can discuss this, and the patient’s wishes with the team.



Version number: **8**
Last modified date: **12th November 2026**

All rights reserved © 2026
WWL Teaching Hospitals NHS Foundation Trust