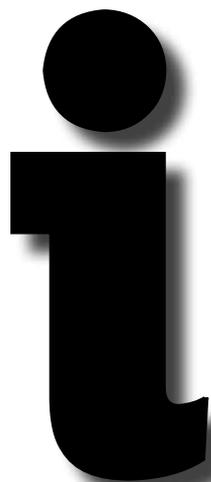


Rehabilitation: Intensive Care – Ward - Home (page 1 of 4)

General rehabilitation on ICU



If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: customer care@salisbury.nhs.uk

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

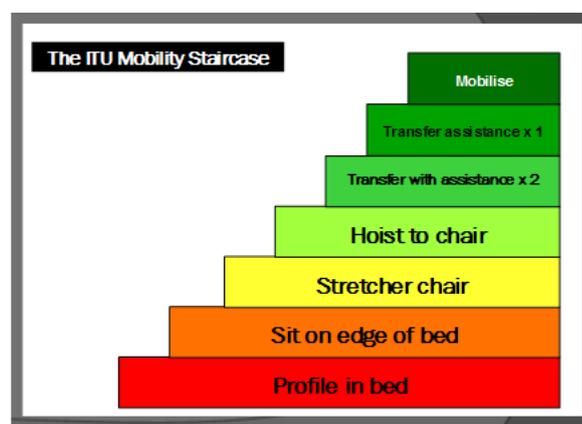
Name: Michelle Bray
Role: Senior Physiotherapist
Date written: November 2017
Review date: January 2020
Version: 1.0
Code: PI1476

Rehabilitation means helping you recover from your time on the Intensive Care Unit (ICU) and getting back to normal. The process involves the physiotherapist and you. The physiotherapist will work with you to develop a personal exercise programme to suit your areas of weakness and to improve your balance and strength. Recovering from a critical illness can be a long, gradual process.

When you have been very ill, exercises and treatment can feel like hard work, but if you can do the exercises, it will be a great help to your later recovery.

Your physiotherapist will give you an exercise programme including bed and/or chair exercises to maintain or regain strength lost during your intensive care stay.

They will also work with you to help your mobility during physiotherapy sessions. This will help you progress up the Mobility Ladder (see image).



You will notice this chart by your bed, showing the improvement you make.

Chest management exercises

This section will remind you of the chest management exercises that the physiotherapists have shown you. It is a simple pattern of breathing designed to:

- loosen and clear phlegm
- improve your breathing

It is a flexible technique and can be varied to suit you.

Breathing control = Normal gentle breathing.

Deep breathing = Slow deep breaths, with or without a 3 second breath hold.

Huffing = Medium-sized breath in, followed by a fast breath out through an open mouth (Imagine you are steaming up your glasses to clean them).

This will move phlegm along the airways to a point where you can cough it up.

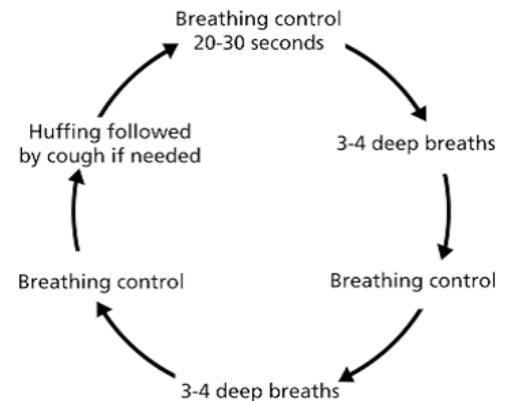
Coughing = Do not cough unless secretions are ready to be cleared.

Active Cycle of Breathing

You can use this method of breathing in whatever position you find is most comfortable, or seems to clear most phlegm, such as sitting up or lying down.

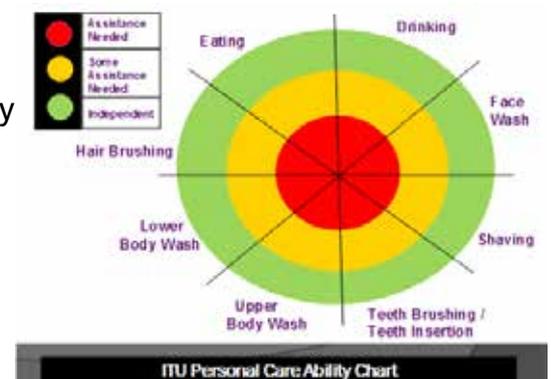
10 minutes will be long enough to ventilate your lungs and clear any phlegm. You will be encouraged to repeat this 4-5 times a day.

If you have an infection and you have more phlegm than usual, you will need to do the cycle more often during the day.



Functional rehabilitation on ICU

Whilst on ICU you will notice these charts by your bed which guide you through your rehabilitation. They clearly show what you have achieved currently and what you are aiming for. Doing these tasks/functions will help to prepare you for managing your own care on the ward and at home, or will help to identify any ongoing care needs.



Rehabilitation on the ward

The physiotherapists will continue to work on your exercises and mobility on the ward, until you reach a safe level at which you would be happy to return home. For example, you may be discharged home with a wheeled zimmer frame with the intention of the community rehabilitation team helping you to progress onto a stick or no aid as you recover your strength and confidence. The physiotherapist would discuss this with you and make a referral, with your agreement.

The Occupational Therapist will meet you on the ward and will ask about your home set up, including details of your home's layout, equipment, and any care you currently have, or think you may need in order to manage at home. They may wish to carry out assessments with you to help identify what you might need help with when you return home, such as washing and dressing or meal preparation. With your consent, this information is discussed with you and your family and passed on to the Social Work team in the hospital.

Any care or equipment that is required will be in place for your agreed date of discharge. It will be further reviewed once you are home, as necessary.

Before you are discharged home you will practice walking up and down stairs with the physiotherapist (if you have stairs at home) and they will offer you advice on the best way to manage these based on your condition and ability.

Discharge home

If you have not been referred for ongoing physiotherapy from the Community team, you may wish to increase your activity levels. You can gradually increase the distance you can walk, or if safe to do so, decrease the level of support you use.

Initially you may need to consider pacing activities, so that you spread them out through the day or limiting the number of times you have to go up and down the stairs.

If you would like to go to a gym, with a trained instructor, who can tailor a programme to your specific medical needs, the physiotherapist can refer you to the Staff Club gym at the hospital for a reduced cost membership.

Once home, you may realise that you would like more rehabilitation but have not been referred for this. Please approach your GP for a referral.

If you have experienced a long stay on Intensive care you may be invited to attend the ICU Follow-up clinic, which is led by a consultant and ward sister approximately 2-3 months after your discharge from ICU. You may wish to have a think about any outstanding rehabilitation goals or areas of concern that they may be able to help you with.

Please continue with the chest clearance exercises taught to you, which help with continued lung clearance.

Rehab goals to achieve at home and how to achieve them:

(Set with therapist)

1)

2)

3)

4)

Therapist

Name :

Date:

Below are some generic leg strengthening exercises for you to carry out:

Foot tapping

1. Ensure you are sitting with a good posture.
2. Rest your heel on or above the floor.
3. Pull your toes up towards you then point them away.
4. Repeat steps 1-3 for 30 seconds every hour.



Leg extensions

1. Straighten your knee and hold for 5-10 seconds.
2. Slowly lower your leg.
3. Repeat on the other leg.
4. Repeat steps 1-3 10 times on each leg



Seated marching

1. Keep your knee bent and lift it up.
2. Slowly lower your leg.
3. Repeat on the other leg.
4. Repeat steps 1-3 10 times on each leg



Knee squeezes

1. Sit with both knees bent.
2. Place a pillow between your knees.
3. Squeeze the pillow with your knees for 5-10 seconds.
4. Repeat steps 1-3 10 times



The physiotherapist may use the space below to add some more specific exercises for you to follow:

Therapist

Name :

Date: