

Intensive Care Rehabilitation Manual Patient Information

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترسپذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式,请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أُخرى، أو بتنسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

Author: ICU Rehabilitation Team
Department: Intensive Care Unit (ICU)

Document Number: MWL2106

Version: 001

Review Date: 01 / 02 / 2027

Contents

Sleeping	page 2
Nightmares	page 2
Changes in mood	page 3
Changes in appearance	page 3
Your family and relationships	page 3
Sexual relationships following critical illness	page 4
Could it happen again?	page 4
Why can I not remember what happened to me?	page 4
Intensive Care Unit diaries	page 4
Exercising back to health	page 5
Stress	page 5
Physical recovery	page 6
Medicines	page 7
Anxiety	page 7 - 8
Panic attacks	page 8 - 9
Negative automatic thoughts	page 9
Physiotherapy	page 10 - 14
Nutrition	page 15 - 17

After intensive care

When you have been ill, it can take quite a while to get back to feeling your normal self. Exactly how long this will take will depend on things like the length of time you have been ill, whether you have lost a lot of weight and whether your illness means that you will have to change some aspects of your lifestyle. This section aims to describe some common problems that can occur and suggests simple ways you may like to try to solve them. We should emphasise that this does not mean that you will suffer from them, but a number of our patients do complain of problems in these areas.

Sleeping

You may find that your sleeping pattern has changed. It may be more difficult to fall asleep, or your sleep may be broken. When your body is not active it does not need as much sleep, so as you increase your activity, you should find your sleep pattern returns to normal. You may find that a bath or shower shortly before going to bed will help you to feel relaxed, making it easier to sleep. Practising relaxation will also help. If you find you are napping during the day, make a conscious effort to stay awake and your night time sleep should then start to improve. Many people find that a bedtime drink is helpful but you should avoid tea, coffee and large amounts of alcohol. Reading just before going to sleep can also be a good way of relaxing.

Being awake at night can be worrying, things easily seem to get out of proportion. It is common for a small problem to seem unsolvable in the early hours when you are the only person awake. This is quite normal but when you have been ill, it is often harder to cope with things like this. You may find it helpful to read or listen to the radio if you are awake at night, they may help you go to sleep. Finally, the most important thing is not to worry about a lack of sleep, it will not actually do you any harm and as you recover things will get back to normal.

Things that can make sleep worse

Napping during the day Watching television in bed Using electronic devices, e.g. phones Caffeine, alcohol or nicotine

Things that can improve sleep

Exercise (at a level you can manage)
Relaxation exercises
A consistent bedtime wind down routine
A comfortable environment

Nightmares

Some of our patients are bothered by nightmares when they first leave the Intensive Care Unit, or may have experienced them while in the unit. They may be very vivid and frightening. These usually subside over a few days or weeks and again, it is quite normal to experience this. Similarly some patients experience hallucinations or feelings that someone was trying to hurt them while they were in intensive care. Again these memories are normal and are caused by a combination of being ill and the drugs that are given to keep you comfortable. If you have had or are having problems like this, do not keep it to yourself. You may find it helpful to talk about these nightmares with family/ friends or with the intensive care rehabilitation sister. You may find the patient support group helpful.

Changes in mood

Many patients complain of changing moods, you may also feel very irritable for no real reason at times. This again is a normal reaction to illness and will subside with time. Knowing this will not make the problem go away, but perhaps it will be easier to manage. If you have been very seriously ill or ill for a long time, you may find that you are quite low for a while. Like the other problems we have described, this will go away and only rarely does it require special treatment. Sometimes it may seem that any progress you make is unbearably slow.

Remember that a serious illness will leave you very weak and your body has a lot of work to do, to get back to being fit. It is important during this time, that you are realistic in what you expect yourself to be able to do. If you set targets that are too difficult for you to reach, you will feel as though you have failed and this will make you feel worse.

Changes in appearance

You may find that your appearance has changed as a result of being ill.

Sometimes, our patients suffer hair loss/bald patches where there was contact with the pillow, or a change in the quality of their hair. Similarly, the texture of your skin may change and it is quite common to find that your skin has become much drier than before. These changes are almost always temporary. You may also find that your finger nails have a ridge across them. This happens because the nails can stop growing when you are ill and then restart when you are recovering. The ridge will grow out with time. You may also have some scars which you feel are unsightly, these will fade with time and as your skin returns to normal, they will not seem as obvious. You may have also lost a lot of weight but with time, exercise and a sensible diet you will get back to normal. Coming to terms with what has happened to you does take time. It may help if you can find someone to talk to about your experience.

Your family and relationships

This has also been a worrying time for your relatives. They may find it hard to understand how you feel, because the illness now seems to be in the past. They may expect you to be as happy as they are, that you are now getting better and they may feel just as frustrated as you that progress is sometimes slow. You may find that their attitude to you has changed. Seeing someone you love in intensive care can be very upsetting, as there are often lots of machines and strange noises around them and relatives often feel helpless and frightened. They may have been worried that you would not get better and this can take some people a long time to get over. Sometimes, as a result of this, they become overprotective and you may feel that you are able to do more than they will let you. If this becomes a problem for you, then you need to discuss your feelings with your relatives and come to a compromise that both of you can cope with.

Sexual relationships following critical illness

Your illness may have reduced your sex drive and your partner may be concerned, that sex could be harmful for you and indeed you may even feel that yourself. You will be able to return to your normal relationship, but recognise that this may take some time and patience from both of you. You should do as much as feels comfortable. You may be concerned about the following:

- Will my scars be healed enough if I have to use a medical device, such as a colostomy bag, or catheter.
- You may worry because you do not know what will happen. If you are worried about your strength, compare the energy needed for sex with the energy you need for your exercises.
- If you are coping well with your exercises, you may be able to cope with sex. Most people find it difficult to talk about sex, but try to relax and keep a sense of humour. Cuddles are really important.
- Take things slowly and see what happens. If you experience any medical problems such as impotence, or have any other questions about resuming intimacy, talk to your GP or discuss with the rehabilitation team.

Could it happen again?

The majority of intensive care patients do not get readmitted to intensive care. If your admission was due to an acute episode of a chronic illness, then that question is harder to answer and needs to be asked of your GP. If you were admitted with sepsis, and have particular worries about getting sepsis again, a leaflet is available to reassure you from the rehabilitation sister on 0151 426 1600 Ext 2382.

Why can I not remember what happened to me?

The drugs given to you to make you comfortable, with the breathing machine in intensive care and the fact of being so ill has the effect of making the memory very hazy or completely absent. While you may never remember exactly what happened, you can build up a picture from your relatives and from the doctor when you come to clinic.

Sometimes, although patients cannot remember being in intensive care they may find that they feel panicky, or get frightening pictures coming into their mind when they see something that reminds them of being ill, for example, watching a medical programme on TV. All that has happened is that the TV programme has prompted you to remember some deep memories, that you did not know you had. If this happens to you and you are worried about it, it may help to talk to a member of your family about it, or your GP. Usually these feelings and pictures gradually lessen as time goes by.

Intensive Care Unit (ICU) diaries

Patients who have had a stay in ICU may be kept sedated for some time while they are mechanically ventilated. After discharge from ICU they often report having gaps in their memory from their illness or they may remember nightmares, hallucinations or feelings that people were trying to hurt them. A recent innovation to help fill this memory gap and help patients to understand what has happened is an ICU diary. This diary is written for ICU patients by healthcare staff, particularly nurses, and family members and friends. If you received a diary and you have any remaining questions about your stay, please contact the rehabilitation sister on 0151 426 1600 Ext 2382.

Exercising back to health

The bad news - while you were ill your body took what it needed to survive from its stores in your muscles. This means that all your muscles will have got smaller and weaker. This happens very quickly when you are very ill, but takes much longer to replace as you are getting better. Because of this you may find:

- You feel tired very quickly even when you are just pottering about.
- You have difficulty climbing stairs or have to take a break part way.
- Your balance is not as good as it used to be.

The good news - you can rebuild your muscles back to what they were before and, in some cases, even better. But it takes work from you, it will not happen by itself. The graded exercise regime in this booklet has been designed to help you rebuild your strength, improve your balance and flexibility as well as to regain your fitness. It has been written by a physiotherapist, dietician and a nurse experienced in dealing with patients who are recovering from serious illness.

Stress

Levels of stress that are healthy and good for you - we need a certain amount of stress to keep us going. Without any deadlines to get things done we would soon get depressed. Research has shown that too little excitement is as bad for our health as too much. It is when things get so stressful that we feel we cannot cope anymore, that life stops being enjoyable. Practising relaxation regularly, can make up for the stressful times during the day.

Too much stress - as our stress level rises it makes us feel tense, bad tempered, tired, pressurised and fed-up. A row with someone, a loud bang, or a crisis that is soon over, these things will not hurt you in any way. But if there is nothing in your life except work and worry, always being unable to switch off your responsibilities or never being able to stop and relax, then that is bad for you.

What we have learnt about stress so far - ordinary stress, that is, having goals to meet and things to do is good for us. It makes us alert and awake. Even higher levels of stress that come from working hard can be good for us. They make life worth living. Stress causes problems when we cannot turn off these higher levels, work all the time with no chance to rest or if we feel worried and anxious a lot of the time. We therefore have lost the balance between work and rest.

Feeling down?

It is quite common to feel miserable after being seriously ill. You may find that this continues even after you get home. You may have no memory of being in intensive care and so have only gradually learnt from your relatives, or through your diary how ill you have been. This can take time to sink in. These feelings can come out in a variety of different ways:

- Sadness, either all the time or just suddenly every now and again
- Not being able to enjoy things anymore or lack of interest in doing things
- Poor appetite
- Tearfulness, sometimes just out of the blue.

How to make a change

One easy solution to not having enough time to spend with friends and family or doing enjoyable things, is to make time. You may have to reason with yourself and others to keep these times free. Part of the reason for this, is that many people were brought up to think that there is something sinful or wasteful about "just mucking about". Or you may find that having spent your life always being busy, you do not know how to do things "just for fun". But making time to do things for fun is important to good mental and physical health.

Getting control of your workload

Once your doctor gives you the ok, then a normal working day will not hurt you, unless your doctor has advised you that your present job is too physically demanding. But if you are under constant pressure at work, then this could become a problem. If you have lots to do but are enjoying it and getting chance to relax regularly, then you are protecting yourself against stress. One of the major reasons we feel under pressure, is because we know we have lots to do but no clear idea how we are going to fit it all in. So we end up with a whole lot of jobs buzzing around in our heads. Then even when we do get time to sit down, things that we have to do keep popping into our heads and we do not relax properly.

Physical recovery

The advice and exercises in this booklet have been designed to give you a good start on the road to recovery. You have probably found that you have not completed all the exercise programme and you can continue to use this for the next few weeks, doing a little bit more each week. Keep a record so that you can look back and see how you have progressed.

General recovery

Doing a little bit more each week applies not only to exercise. Setting yourself realistic targets to achieve over the next few weeks, is the way to proceed from here. If you normally enjoyed, for example, gardening or baking before your illness but have not had the energy to do this since your illness, set getting back to this as one of your targets. Start small and work up from there.

Pain from scars and injuries

By now any scars from surgery should not be causing very much pain. Occasionally tender spots can develop, due to the regrowth of nerves or the internal stitches pulling a little. This usually disappears as the internal stitches dissolve. If your admission to intensive care was due to an accident, you may have had broken bones that are still in the process of mending. As time progresses the pain will gradually decrease and you will be able to do more. Remember that any limb that has been in a plaster cast will need extra work to rebuild its strength. If you have any concerns please speak to your GP.

Medicines

You may not be on any medicines when you come out of hospital, but if you are then there are some simple rules to follow:

- Do not mix them with other pills without checking with your doctor or the pharmacist. Do not alcohol with them.
- Keep a list of them with you.
- Do not stop taking them suddenly without discussing it with your doctor.
- Do not let anyone else take them, even if they seem to have a similar problem to you.
- Never take more than the dose prescribed for you.

Side effects

Most drugs can have some side effects. If you think that you are suffering from side effects, go to see your GP and discuss it. They may be able to reduce the side effects you suffer, by prescribing a lower dose or changing you over to a different tablet.

Medicines can play an important part in your recovery and in avoiding further problems.

Anxiety

Anxiety after being seriously ill, is understandable and guite normal.

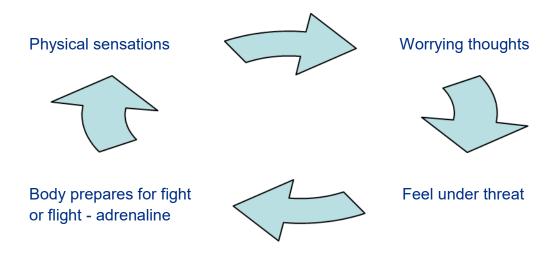
Anxiety can cause some or all of these:

- Dry mouth
- Feeling faint
- A cold sweat
- Rapid pulse
- Palpitations
- Rapid shallow breathing
- Strange pains
- Tingling in the feet and hands
- Cold clammy hands and feet
- Tense, sore muscles
- Butterflies or tightness in the stomach
- Feeling far away or distant from what is going on.

Anxiety has the following mental effects:

- Difficulty concentrating
- Difficulty remembering
- Problems in making decisions
- Problems sleeping
- Lack of self confidence
- Feeling that you are going mad or that your personality has changed.

There is nothing wrong with this, as it is part of nature's way of helping you to cope with danger. If we are in real danger we do run or fight and so we do not notice the effects it has on our body. The problems start when we have a worrying thought but cannot run away. The adrenaline gets our body ready in the same way as above, but as we are not running or fighting, it does not get used up and it causes unpleasant physical and mental symptoms. The racing heart, cold sweat and/or dizziness makes us feel scared and ill.



Why is this so common after serious illness?

You will have been told by the doctors looking after you and by your family, that you have been very ill, this is very frightening. This means that your adrenaline level will already be raised. Then any worrying thought or thing that happens, can be enough to put your adrenaline level up. Relaxation lowers the adrenaline level. It is also easy to get into a vicious circle. If you notice these bodily feelings, it can lead to worrying thoughts like:

- "I am not getting better, I am getting worse"
- "I feel faint; I may be going to pass out"
- "There must be something wrong with me, I must be ill"

These thoughts produce more adrenaline, so the bodily feelings get worse. If we notice this we worry even more and so the feelings get worse. This will not hurt you but it is very unpleasant, especially if you do not know what is happening!

Panic attacks

Sometimes the cycle continues building up the level of adrenaline very quickly and it rises to very high levels. This leads to what is called a "panic attack". In a panic attack most people feel that they are going to die. Although panic attacks are not dangerous, they can be very frightening. Remember that panic attacks are not dangerous. Remember that they usually only last for 10-30 minutes. There are things you can do to gain control over them:

- Consciously slow down your breathing, deepen each breath
- Think to yourself, "this is stopping, I am safe". "I am going to be all right" Thoughts like this turn off the adrenaline.

If the panic attack happens in public, do not worry what people around you will think of you. If you need to, head for somewhere quiet and sit and relax. Remember to deepen and slow your breathing. As you do this your heart rate will slow down and your physical symptoms will start to pass. If your panic attacks happen only under certain circumstances, for example when you go shopping, or when you are alone in the house, do not avoid doing these things. Just make sure that you do a relaxation session before and if you feel a panic attack coming on try and manage this with deep, slow breathing.

Low spirits after being ill

Low spirits are common after being very ill. These feelings usually go as time passes. The feelings can range, from the occasional feeling of sadness or tearfulness to absolute despair such as:

- Sadness
- Tearfulness
- Poor appetite
- Early waking
- No energy for doing things
- Loss of interest in appearance
- Loss of interest in things that was once enjoyable

If these feelings become very bad, they are called depression. One of the most unpleasant features of depression, is what it does to the way a person thinks. A depressed person can usually only see the bad side of things.

Negative automatic thoughts after serious illness

We all have automatic thoughts all the time. They are the sort of everyday thoughts that go through our minds without us paying much attention to them. For example, the phone rings and you think "I must answer the phone". If someone asked you what you were thinking about when the phone rang you might well say "nothing". The thought was so quick and so obvious, that we do not notice it has happened. After serious illness, anything that is connected with the illness can set off negative automatic thoughts like "I am no use anymore", "my life is as good as over." or "I will never be the same again".

These kinds of thoughts make you feel sad. They would make anyone feel sad if they believed them. The trouble with automatic thoughts is that they go so fast, that we do not get a chance to think about whether they are true or not. We just automatically believe them, resulting in a sudden feeling of sadness that we cannot explain. Sometimes it may be the sight of something, a memory, or even a smell that can trigger these thoughts. If you can work out what the thought was, it can give you a chance to put it right because they are usually wrong and finding this out can allow you to combat them.

Physiotherapy rehabilitation

Introduction

As a result of critical illness, your muscles become very weak and returning to normal life can seem very far away. This manual has been developed, to try and help your recovery after intensive care treatment. There are three parts to it:

- Breathing exercises to help get your lungs working properly again
- Exercises to increase your muscle strength and improve your fitness
- Advice on returning to normal function and activities

You can do the exercises throughout the recovery process. You may start them while you are still a patient in intensive care. Once you are discharged home you can begin to make the exercises harder, so that your strength continues to improve. Following the programme can be very tiring, but in the long term it will aid your recovery.

Active Cycle of Breathing Techniques (ACBT)

After critical illness, the muscles that help you breathe are weak. You may also have a lot of phlegm that needs to be cleared. The following exercises will help to strengthen your breathing muscles and make it easier to bring up phlegm.

There are 3 stages to the breathing exercises which you complete in a cycle (please see the diagram below). The techniques are flexible and can be varied to suit you.

Relaxed breathing or breathing control

This is normal gentle breathing. Use your tummy muscles gently to assist your breathing and relax the upper chest and shoulder muscles. This technique is useful to calm breathlessness and is used to relax between deep breathing and huffing.

Deep breathing

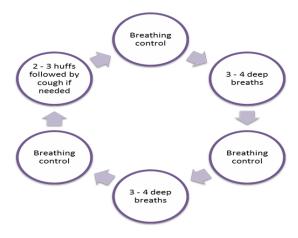
Take a slow deep breath, imagine that there is a band tied around your chest that you are trying to push away. Hold the breath in for a couple of seconds if you can, then breathe out gently. Only do 3-4 deep breaths at once.

Huffing

This is a medium sized breath in, followed by a fast breath out through an open mouth. Use your chest and stomach muscles to force the breath out. It is similar to steaming up your glasses to clean them. Huffing moves the phlegm along the airways, to a point where you can cough it up. It is much more effective and less tiring than coughing.

Coughing

After 2 - 3 huffs and when you feel the secretions are ready to be cleared, you can cough to clear the phlegm.



Exercises

Exercise is important after being ill and helps you to recover from your time in intensive care. While you were ill your body took some of what it needed to survive, from its stores in your muscles, meaning they may be smaller and weaker. It takes time to get your strength back. Some of the benefits of exercise are:

- Strengthen your heart and lungs
- Help to rebuild the muscle you lost during your illness
- Help to reduce stress

The exercises are divided into three sections:

Bed exercises; these are a good starting point and can be started whilst you are still a patient in intensive care.

Chair exercises; as soon as you start sitting out in a chair, you can begin to do these exercises. They can be done alongside the bed exercises as well as on their own.

Advanced exercises; these are designed to be a progression of the first two sets of exercises. Once you are discharged home and can walk without any help, then you can start this section.

Tips for exercise - Start with a low number of repetitions for each exercise (5 is often a good level). As an exercise becomes easier, gradually increase the number you do. This will build up your strength and fitness. Try to do the exercises at least once a day. This can be increased to 2-3 times a day if you feel able. Stop exercising and rest if you experience any:

- Severe chest pain
- Increase in chest tightness
- Dizziness or feeling faint
- Severe breathlessness

Consult a doctor if these symptoms persist.

Bed exercises

These exercises are to be done lying down.

1. Ankle pumps

Point your toes downwards and then bring them back up towards you. Repeat with the other foot.

2. Ankle circling

Rotate your ankles so that you are making a circle with your foot. Repeat with the other foot.

3. Hip and knee flexion

Lift your knee towards your chest so that you are bending at your hip and your knee. Repeat with the other leg.



4. Knee extension

Push the back of your knee down into the bed so that your thigh muscle tenses up and pull your foot up towards you. Hold for 5 seconds, and then relax. Repeat with the other leg.



5. Straight leg raise

Pull your foot up towards you and keep your knee straight. Lift the leg about 20cm off the bed. Hold for 5 seconds and then slowly lower the leg back down. Repeat with the other leg.



Chair exercises

These exercises are to be done sitting down.



Lift your knees alternately towards the ceiling, as if you are marching on the spot.



Chair exercises continued...

2. Knee extension

Straighten out one of your legs as much as you can and pull your foot up towards you. Hold for 5 seconds and then slowly lower the leg. Repeat with the other leg.

3. Toe tapping

Lift your toes up and down so that you are tapping the floor with them. Repeat with the other leg.



4. Heel tapping

Lift your heels up and down so that you are tapping the floor with them. Repeat with the other.



Advanced exercises

1. Bridging

Lie on your back on either the bed or the floor. Bend your knees and rest your feet flat. Tighten your buttocks, squeeze your tummy muscles and lift your bottom off the bed/floor. Slowly lower back down. This exercise can be made harder by holding your bottom off the floor for 5-10 seconds.



2. Heel raises

Stand with your hands on the back of a chair for support. Lift your heels up off the floor then slowly lower back down.



3. Sit to stand

Sit on a chair with your arms crossed. Stand up and then sit down again without using your arms to help. This exercise can be made harder by slowing it down or by using a lower chair.



Advanced exercises continued...

4. Step ups

Stand by the bottom step of your stairs. Step up and down the step. Use your hand rail for balance if you need to. You can make this exercise more difficult by stepping up more quickly so that you feel a little bit out of breath.



5. Wall slides

Stand with your back to the wall and your feet hip width apart. Slowly slide down the wall as far as you can then slowly slide back up.



Getting back to day to day life

When you have been ill, it can take a while to get back to feeling your normal self. It can be quite a shock how difficult it is to try to do your normal activities. You may get tired very easily. Even simple things, like washing and dressing, can be exhausting to start with.

Remember, you have had a serious illness. You will be very weak and your body has a lot of work to do, to get back to being fit. It is really important to be realistic in what you expect yourself to be able to do.

Make sure you:

- Pace yourself. Try to do a small activity and then plan to rest. This stops you exhausting
 yourself by doing too much at once.
- Set yourself realistic and simple goals. This will show you how much you are improving.
 A goal that is unachievable will leave you feeling discouraged.
- Look back at what you could do initially and compare it to now. You will be surprised how much more you can do!
- Use the exercises in this leaflet to help improve your strength and fitness.
- Return to normal hobbies gradually. Remember that your body will be less fit than
- before you were ill. Start with a small amount and slowly increase time and difficulty.

Recovering from a critical illness can be a long, gradual process.

Following the exercises and advice in this leaflet will help. Keep up the hard work!

Nutrition

During your stay in intensive care, you may have been fed via a tube through your nose (nasogastric tube) and this may continue after you have left intensive care. If it is deemed that is not yet safe for you to swallow food or fluid, the nasogastric feed will provide you with all the nutrition you need. You may find that the tube will remain in place even when you have started to eat. Sometimes patients may be encouraged to eat as normally as possible during the day and are fed via the nasogastric tube at night. This is to help supplement your diet, to ensure you are receiving adequate nutrition. Once you are managing adequate oral intake, the tube will be removed. You may find that you have lost your appetite since being ill, or you may find your food does not taste the same.

Maintaining a nourishing diet is an essential contribution in aiding your recovery. The body needs a well-balanced diet and sufficient calories, to help with wound healing and fight infections. However, your illness may leave you with a loss of appetite. This is common during a prolonged hospital stay or major illness. The following suggestions may help you improve your appetite and ensure sufficient calorie input:

- Eat small frequent meals, aiming to eat every 2-3 hours
- Have nourishing snacks (i.e. cheese and crackers) or milky drinks in between meals
- Relax and take your time during meal times, as chewing and swallowing may be tiring if you are breathless
- Take advantage of times when you may feel hungry
- Have favourite foods as often as you like and keep snacks handy to nibble on such as chunks of cheese, peanuts, raisons, carrot sticks or fruit
- If you feel full quickly, avoid liquids around meal times
- Have quick convenience foods such as frozen meals and tinned foods if you are too tired to cook
- High protein, high energy drinks may be prescribed by the dietitian, or doctor to take in between meals to provide additional calories and protein. Other nutritious drinks are available from your local chemist such as Build Up or Complan.

You may find that you are experiencing a change in taste. Common changes include a metallic taste, foods having no taste at all or tasting sweeter or saltier than normal. These changes again are usually temporary. If you find this is the case the following tips may help:

- Concentrate on foods that you like and leave those that do not appeal to you
- Try them again in a few weeks when your taste may have returned to normal
- If red meat tastes bitter try more fish, poultry, eggs or try soaking red meat in fruit juice, wine, vinegar or sweet and sour sauce before cooking— it may improve the flavour
- Cold meat may taste better with pickles or chutney
- Use herbs and spices to enhance the flavour of foods. i.e. mint, curry, tarragon or pepper
- Sharp tasting food may taste refreshing and tends to leave a pleasant taste in the mouth i.e. fresh fruit, fruit juices or boiled sweets
- Fizzy drinks and lemon tea can be used as an alternative to tea and coffee
- Brush your teeth after each meal and try gently brushing your tongue to leave your mouth fresh tasting.

Another temporary side effect is that you may experience episodes of nausea; therefore the following suggestions may help:

- If possible let somebody else do the cooking
- If the smell of food makes you feel nauseous, try cold meats, sandwiches or foods that only need heating up, avoid strong smelling foods
- Avoid greasy, fatty or fried foods
- Keep meals small and dry. Dry crackers, toast or plain biscuits can help relieve nausea
- Sipping chilled fizzy drinks through a straw may help- try lemonade, soda or ginger ale

If you have been in intensive care for a long time, it is likely you will have lost weight and muscle strength. It is estimated that patients who require intensive care will lose 1% of their muscle mass per day.

It can take 10 to 14 days to build each days muscle back up. For example, it can take 100 days to regain the muscle strength from a 10 day intensive care stay. This is caused by the length of time you were immobile (were in bed).

If you have found that you have lost weight and wish to increase your calorie intake to aid weight gain, you can add additional calories and protein to your foods:

- Have high calorie, high protein foods and avoid foods labelled 'low-fat' or 'diet'
- Sprinkle grated cheese into soups, sauces, mashed potatoes, vegetables or have snacks such as beans on toast or omelette
- Add butter to vegetables, potatoes, pasta and toast
- Add creams to soups, sauces, mashed potato, breakfast cereal and porridge
- Add cream, ice cream, evaporated milk, custard, full cream yoghurts to hot and cold puddings such as fruit pie, sponge and tinned fruit
- Add sugar, syrup, honey, jam or lemon curd to cereal, ice cream, milk puddings, sponge puddings and yoghurt
- Add mayonnaise or salad cream to meat, fish, egg or cheese sandwich fillings
- Add cooked cold meats, beans, lentil to soups and stews
- Have protein rich foods such as meat, chicken, fish, egg, cheese, yoghurt, nuts, beans, lentils or vegetarian products at least twice a day
- Add skimmed milk powder to 1 pint full cream milk- use in drinks, cereals, sauces, soups and puddings
- Have a pint of full cream milk (blue label) every day in cereals and drinks
- Have nourishing drinks made with milk such as coffee, milk shakes, Ovaltine, Horlicks, cocoa or hot chocolate
- Again, high protein, high energy drinks may be prescribed by the dietitian or doctor to have in between meals, if necessary, to provide additional calories and protein.
- Other nutritious drinks are available from your local chemist such as Build Up or Complan.

Once your appetite and weight has returned to normal, or you are not experiencing any difficulties with eating and drinking. Aim to follow a healthy balanced diet.

This can be achieved by:

- Choosing a variety of foods to provide you with a wide range of nutrients
- Try to eat 3 regular meals per day
- Include starchy carbohydrate (bread, rice, pasta, potato, or cereal) at each meal
- Choose high fibre options where possible (whole meal bread, brown rice, whole-wheat pasta, wholegrain breakfast cereal)
- Aim for a combination of 5 portions of fruit and vegetables a day. These can include fresh, frozen, tinned or dried
- Include 2 portions of protein daily e.g. lean meat, poultry, fish, beans, eggs, nuts and dairy products
- If you struggle to cook or prepare meals try ready meals, frozen or tinned foods, meals on wheels, or see if family and friends could prepare batch meals for your freezer
- Stick to the recommended maximum units of alcohol, 2-3 units/day for women and 3-4 units/day for men

Copyright/ if any content used please state source.



Intensive Care Unit/ Ward 4E
Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Tel: 0151 426 1600 ext 2382

www.MerseyWestLancs.nhs.uk