Critical Care Rehabilitation Manual
The road to recovery

An information booklet for patients
This manual is designed to help you recover in the quickest and safest way. It has been written using research and information, some of which was provided by patients who have previously been in critical care.

The manual is divided into two parts:

Part one will provide you with information about the critical care department and some common problems that may occur. The information will answer some of your questions and provide you with simple suggestions to try and resolve any problems you encounter. If you live with someone, let them read the information with you, it can help them understand what has happened.

The second part contains an individualised, self-directed exercise programme designed for you by a physiotherapist who is experienced in critical care.
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Part 1

Information and Support
What is the Critical Care Department?

The critical care department is a ward within our hospital that cares for patients whose conditions are life-threatening and need constant, close monitoring and support from equipment and medication to keep normal body functions going. Due to the specialist treatments and the constant monitoring that patients require on critical care, it has a higher level of staffing. The staff who work here are highly trained in caring for the most severely ill patients.
The Equipment in Critical Care

The equipment in a critical care area can seem frightening at first. It is common for patients to be connected to a number of different machines or devices if they are critically ill. As patients recover the equipment is slowly removed as it is no longer needed.

A monitor is positioned by each bedside and records heart rate, blood pressure and oxygen levels in the blood. In order for this to work you will need to be connected to a number of leads. The monitors bleep if levels are falling or rising outside normal ranges. You may remember hearing these alarms. On most occasions, the monitor is simply drawing the attention of a nurse to check your condition.

A breathing machine or a ventilator is a machine that helps the person to breathe. A tube may be inserted into the windpipe via the nose, mouth or, via the windpipe itself which is called a tracheostomy. As your condition improves it is possible to be weaned off the ventilator.
Infusion pumps are used to give drugs and fluids through drips into the veins.

A kidney filtration (CVVH) or dialysis machine can be used if your kidneys are not working normally. This works in a similar way to a dialysis machine, which removes waste from the blood and manages fluid levels. Blood circulates from the body through the dialysis machine, where it is filtered and then returned to the body.

Critical Care Diaries

Patients who are mechanically ventilated for more than three days will have a diary started for them by the nursing staff. The reason for this is that patients who have been ventilated whilst in critical care often remember very little of their stay on the unit.
This is because they are usually sedated in the early stages of their illness. When patients regain consciousness it is common not to remember what happened, they may not know where they are or how ill they have been.

Being a relative of someone in critical care can be very stressful. Diaries can help your relatives and close friends, by giving them something to focus on, an opportunity to gather their thoughts after each visit and the chance to express their feelings.

Your diary will tell a story of what has happened to you whilst you have been in critical care. We will take pictures of you at certain milestones in your recovery. These will not be added or shown to anyone else until you have seen them and consented to them being added to your diary. The research tells us that patients who have seen photos of themselves when they were critically ill find it easier to come to terms with their illness.

You will receive your diary once you have left the critical care department and you are settled on to a general ward. A health professional will show you your diary and photos and give you the opportunity to discuss some of the content and ask any questions. If you don’t want to keep your diary or the photos they will be destroyed after one year.
Transfer to the Ward

The decision for you to leave critical care ultimately rests with the critical care consultant, but these decisions are made in close consultation with the nurses and doctors on the critical care team and the specialist teams involved (surgical or medical). When you are transferred to the ward there is a detailed handover between the critical care nurses and the ward nurses and between the medical teams.

Leaving critical care should be a time for celebration. You are getting better and are well enough to no longer need the high levels of care. However, we acknowledge this can be a very difficult time for you and your family, particularly if your admission to critical care has been long. No matter how much preparation has been done, patients will find a dramatic difference in the level of care between the critical care area and general wards.

Some of the key issues patients face when being transferred to the ward are:

The changing environment

The change in staffing

The change in yourself
The Changing Environment

Although critical care can be a difficult place to be, for some patients it is a safe place to be, it is a big change going to a ward. The daily routines are different, the staff are different, the sounds are different. The other patients are likely to be well enough to talk to you, this is very different from critical care. Some patients on the ward may be confused or noisy and this can be very disturbing. Most of the beeps and noises from the machines in critical care will have stopped, these beeps and alarms will often have become familiar and their absence can be just as worrying for some patients.

Most medical and surgical wards in our hospital are made up of four bays with four to six beds in a bay. Each bay will be allocated to either males or females. There will also be several individual cubicles on the ward to accommodate patients with specific health problems.
The Change in You

The process of recovery from critical illness is not easy. Going back to the ward often means you are becoming more independent, and this can be very hard work and tiring. Learning to eat and swallow normally again, getting washed and dressed, going to the toilet normally are far from trivial tasks. Setting small realistic goals with the rehabilitation team will help you to reach your target.

The Change in Staffing

In critical care there is usually one nurse per patient or one nurse for two patients depending on the level of care required. On a ward there may only be two or three nurses for the whole ward, especially at night time. You will be given a call bell to attract the attention of the staff, sometimes there can be delays in someone responding. This is due to the number of patients on a ward and the nursing demands at that time.

Transfer to the ward can be a very stressful time for you and your family. Whilst in critical care your family would be used to obtaining detailed information and explanations about you from the team whenever they asked. On the ward, your relatives will more than likely have to wait to be updated on your condition. Sometimes as a result, patients and families can feel neglected or deserted. This is not the case it’s just that the change in the level of care is dramatic.
Planning Recovery

When you go to the ward our ART (Acute Response Team) will come and review you within the first twelve hours. The team is made up of senior nurses with advanced clinical skills and experience. They will review your condition and progress and if necessary they will address any specific issues.

The Critical Care Rehabilitation team is made up of two ‘Rehab Assistants’ who are Healthcare Assistants, one Nurse Practitioner, Physiotherapists and Occupational Therapists. They all have extensive experience of Critical Care and working with patients to restore them back to their pre admission condition.

Our Rehabilitation Assistants will visit you every day whilst you are in hospital. Their role is to promote independence with hygiene and dressing, to support you in your exercise program and assist with practice with mobility. The Rehabilitation Practitioner will also visit you several times a week and will carry out health checks, identify any problems you may face because of your illness and also to help you achieve your rehabilitation goals so that you can recover as quickly as possible. The whole team would like to support you in your recovery from critical illness and answer any questions you may have.

On discharge from hospital your progress will continue to be monitored at home via telephone calls. At approximately eight weeks after discharge from hospital you will be invited to an outpatient appointment...
with the Rehabilitation Practitioner. This will enable us to review your progress and help you to overcome any problems you may have faced following Critical Care.

**Useful Contacts**

Your Rehabilitation contact is .................................................

If you have any problems or you are worried about anything following Critical Care you can contact them on .............................................

(Between 8:00 and 17:00 Monday to Friday)

**Discharge Home**

The decision for you to be discharged from hospital will ultimately be made by your medical or surgical consultant. However these decisions are made in close consultation with other members of the team who have been taking care of you during your recovery including, nursing staff, physiotherapy, occupational therapy and dieticians.

The support that you will require when you are discharged will vary depending on many factors including your personal circumstances, illness and length of hospital stay.

Once you have been discharged from hospital your recovery will be well underway however, many patients still have further to go before they will make improvements. It will take several months until your strength
is back to normal and the emotional impact of having been critically ill can last for some time.

This prolonged recovery period can lead to several problems including experiencing considerable levels of anxiety and depression. For many patients the recovery phase of their illness is the most stressful.

**Introduction to Recovery**

When you have been in critical care it can take quite a while to get back to feeling your normal self, for some people this recovery can take up to one year. Recovery depends on the individual person and also many other factors, for example how long you were mechanically ventilated, whether you have lost a lot of weight, and whether you need to make any lifestyle changes.

These are some of the complications that patients may face:

- Social problems
- Post traumatic stress disorder
- Anxiety
- Depression
- Cognitive dysfunction
- Sleep disturbance
- Difficulty walking or getting out of bed
- Breathing difficulties
- Pain
- Weight loss
- Communication problems
- Swallowing difficulty
- Weakness
Sleeping

You may find that your sleeping pattern has changed since discharge from critical care. 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 catnapping 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 is also 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 music 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 won't actually do you any harm and as you recover things will get back to normal.

**Nightmares and Memories**

Some patients experience nightmares whilst in the critical care department or when they first leave. They may be very vivid and frightening. They usually subside over a few days or weeks, 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 critical care. Again these memories are normal, they are caused by a combination of being extremely poorly and the drugs which are given to keep you comfortable.

If you have had or are having problems like this it is important not to keep it to yourself. You may find it helpful to talk to a family member or to write the memories down. If the memories or nightmares continue to trouble you it is important to talk to a member of the critical care team.

**Changes in Mood**

Many patients complain of fluctuating moods, one day feeling good, the next feeling down. You may also feel very irritable for no reason at times. This is a normal reaction to illness and will subside with time. Knowing this won’t make the problem go away but perhaps it will be easier to bear. If you have been very seriously ill or ill for a long time, you may find that you are quite depressed. Like the other problems we
have described this will go away and only rarely does it require special treatment.

**Anxiety**

It is normal to worry after being critically ill. Obtaining more information about worry or anxiety can help many people to handle it better. When we are worried, scared, in danger or under stress our bodies automatically produce chemicals to help us cope. The main chemical involved is Adrenaline. In a real emergency it can help to save our lives. Frightening events, words, thoughts or memories that you may have from critical care will cause the body to produce adrenaline. There is nothing wrong with this as it is part of nature’s way of helping you to cope with danger and live to fight another day. If we are in real danger we run or fight and so we don’t notice the effects it has on our body. The problems start when we have a worrying thought but can’t run away. The adrenaline gets our body ready in the same way as above, but as we aren’t running or fighting it doesn’t get used up and it causes unpleasant physical and mental symptoms.

**Signs and Symptoms of Anxiety**

Anxiety can-

- Make your thoughts race, so you can’t relax, or it may make getting to sleep difficult.
- Increase your breathing rate – this floods your brain with oxygen, making you feel dizzy or faint and far away.
• Speed up your heart rate - you may notice that your heart is racing or pounding.
• Shut down the stomach, giving you a feeling of butterflies or a sinking feeling
• Shut down the blood supply to your hands and feet - you may notice that they feel cold and clammy.
• Produce an unpleasant cold sweat - it may make your forehead feel clammy.

If you are suffering any of these symptoms it is important to discuss this with a family member or a health professional. For the majority of people, simply discussing thoughts and feelings help to alleviate the problem, rarely will it require specialist treatment.

**Depression**

Low spirits are very common after being extremely ill. For most people these feelings usually go as time passes and they start to recover. However, people suffering from true depression will experience a low mood and other symptoms each day for at least two weeks. Symptoms can become severe enough to interfere with day-to-day activities.
Signs and Symptoms of Depression

Depression can range from feeling sadness or tearful to absolute despair. It’s common to have several symptoms:

- Sadness
- Tearfulness
- Poor appetite
- Early waking
- Loss of interest in things that were once enjoyable
- Loss of interest in appearance

Most people with depression will get better without any treatment. However, this may take several months or even longer. Meanwhile living with depression can be difficult and distressing.

If you are suffering from any of these symptoms it is important to discuss this with a health professional, who can guide you towards one of the many treatment options available.

Getting back to normal

Your body will have to do a lot of work to get back to normal, this will take time. There are several important things that you can do to help yourself recover:-
Exercise

As part of this recovery manual a physiotherapist will give you an individualised exercise programme to meet your needs. It is important that you undertake some exercise everyday. Just walking up and down the stairs in your house every day will help. Getting outside is very good for you, walking around the block or going somewhere you enjoy. Trying a little more every day will help you to see your improvement. Exercise will keep your circulation active, help with muscle strengthening, build up your energy levels and help you to feel more positive.

Rest and Relaxation

Your body does most of its repair work whilst you are sleeping. At the moment it has more repairs to do than usual, so you need plenty of rest. Don’t worry if you are easily tired, particularly in the early stages, this is your body’s way of persuading you to rest. It will pass in time.

Healthy diet

The body also uses certain nutrients, vitamins and minerals much more than normal during and after critical illness. This means that a healthy
A balanced diet is essential. Eating well means you will be able to fight off infection better and feel less weak and tired.

**Diarrhoea**

It is common for people to have loose stools/diarrhoea on discharge from Critical Care and on discharge home. This may be due to change in diet and the medications you have received. It is important to continue to drink plenty of fluids when you experience this problem. It may subside after a few days but if you find this problem persists please seek assistance from your GP.

**Self Help**

**Relaxation what can it do for me?**

- Reduce stress
- Reduce fear and anxiety
- Coping with problems
- Help to lower blood pressure
- Reduces anger and irritability
- Reduce pain
- Helps with sleep
- Stopping smoking

**How to get started**

Find somewhere quiet and warm. Make sure no one will interrupt you.

Sit, or lie down somewhere comfortable. If you choose a chair to relax in
make sure it is big enough to support your whole body, otherwise you won’t be able to relax. Allow yourself sufficient time (20-30 minutes). If you would like some quiet, gentle background music, that’s fine.

**How to relax**

Lightly close your eyes. Imagine that you are in a place where you have always felt safe and calm. This might be on a beach in the warm sunshine, or in a hot bath. It is your personal place.

As you imagine your personal safe place, feel your body sinking into the chair or bed. Gradually relax all your muscles, starting at your feet and working up the body. Allow your breathing to slow and deepen. Be safe in the knowledge that no one can disturb you. Let go of all the physical tension in your body. Imagine peaceful, relaxing waves lapping round you taking the tension away.

Just breathe and relax, deeper and deeper with each slow and gentle out breath.

When you have spent a comfortable time feeling relaxed, bring yourself out of relaxation by counting slowly to five, becoming more aware of your surrounding. You will feel calm and ready to cope with anything.
If through the day you find yourself getting tense or anxious, take time to do a relaxation session. If you do not have time for that, bring the picture of your personal place into your mind and take some slow, deep breaths. Imagine in your mind the feeling of relaxation that you get from a full session and with practice you will be able to conjure up the feeling and so relax anywhere.

To start with, you will need to practice for about 20 minutes twice a day. At first you will need a quiet room to relax in, but as you become more experienced you will find you are able to shut out noise around you. Remember, eventually with practice, you will be able to relax anywhere.

Relaxation is not just beneficial for you. If you live with someone they may find that they also will benefit from learning how to relax. Get them to read this section and practice relaxation.

You may find listening to a relaxation CD helpful, these are available from many good newsagents. Alternatively you may find that your local library has relaxation CDs that you can borrow.

**Eating Normally Again**

The body responds in very specific ways during critical illness. Food is not used normally, so that the body uses up its own resources such as muscle and fat. This makes you weak because your muscles may have wasted. You may notice that your muscles are not as bulky as they were before. Unfortunately it takes quite a bit of work to get the muscles back
to normal! This can only be achieved by a combination of exercise and good eating.

Some people develop a poor appetite it can take a long time for this to recover. This is quite normal.

**Helpful tips**

Eat small frequent meals. Have nourishing snacks or milky drinks in between and try to have something to eat every two or three hours.

Take full advantage of times when you are hungry. Have your favourite foods as often as you like and keep snacks handy to nibble on.

Avoid very heavy, fatty foods if you find these hard to digest.

Take your time - eat meals slowly and relax for a while afterwards.

If you feel full quickly, avoid liquids at meal times and have them later.

High protein drinks such as Ensure Plus, Fortisip, Complan and Build Up make a good addition in between meals.

Other people however feel hungry and want to eat lots, but unfortunately the first thing that happens is we put fat back on before anything else!
It can take up to a year to get back to normal weight, and to reduce that extra fat and gain more muscle. Help with support and diet planning can be given from a member of the critical care team or for more specific advice referral can be made to a dietician.

You may find that your sense of taste has changed. It is common for food to taste saltier or sweeter than normal or to have an unusual metallic taste. These taste changes are only temporary and should return to normal within a few weeks.

**Sex after Critical Illness**

The old adage "a little of what you fancy does you good" is particularly true for sex during your recovery from 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. This is rarely the case but as with other forms of exercise, you should do as much as feels comfortable.

You will be able to return to your normal relationship but recognise that this may take some time and patience from both of you. A small number of people will have genuine medical problems – impotence for instance. If you require advice or support regarding these issues please talk to a member of the critical care team, who may be able to refer you to a specialist who can help in these situations.
Lifestyle Changes

Smoking

If you smoked before your illness now is an ideal time to give up. If you stopped smoking while you were in hospital keep going now you are home. Smoking kills 100,000 people a year, it causes heart disease, strokes, bronchitis, emphysema, cancer, duodenal ulcers, sinusitis etc. Nicotine in cigarettes produces chemicals that make the heart work faster and so raises your blood pressure.

For patients who have been seriously ill in critical care it is important that they stop smoking. This is because the lungs are affected by the illness and can be damaged. People normally have a considerable amount of spare lung capacity so they do not notice the damage but it is important that you do not continue to damage your lungs after your illness by smoking and allow your lungs to recover. There is lots of support available to you if you decide to stop smoking for more information ask a health professional.

Alcohol

Men should drink no more than 21 units of alcohol per week (and no more than four units in any one day).
Women should drink no more than 14 units of alcohol per week (and no more than three units in any one day).

It is recommended that you have at least three days without alcohol a week.

The more you drink above these limits, the greater the risk of developing serious problems, to find out more please speak to a health professional.

If you would like some help with this you can refer yourself to the alcohol team who will be happy to give you advice and support.
Telephone 0191 445 3822

**What is a unit of alcohol?**

One unit of alcohol is about equal to:

- Half a pint of ordinary strength beer, lager or cider (3-4% alcohol by volume)
- A small pub measure (25 ml) of spirits (40% alcohol by volume)
- A standard pub measure (50 ml) of fortified wine such as sherry or port (20% alcohol by volume).
- A 750ml bottle of red, white or rose wine (13.5% alcohol by volume) contains 10 units.

Remember, many wines and beers are stronger than the more traditional ordinary strengths.

Three pints of beer, three times per week, is at least 18-20 units per week. That is nearly the upper weekly safe limit for a man. However, each drinking session of three pints is at least six units, which is more than the safe limit advised for any one day.
Support Services

Patient Advice Liaison Service provide:

- Advice and support for patients, their families and carers.
- Information on NHS services to help you make choices.
- Listening to your questions, suggestions, concerns and complaints
- Help sort out problems quickly on your behalf.

You can contact them at the Queen Elizabeth Hospital, Monday to Friday, 9am - 5pm telephone 0191 4456129

Chaplaincy

The chaplains are here for all patients, relatives and staff of any faith or none. Our work is to comfort the anxious and worried; to support people through difficult and stressful times; to provide spiritual support and to meet the religious needs of all within the hospital setting. We are here also to support staff as well as relatives and patients and we provide a safe and confidential setting for people to talk through their issues.

Sunday Services

A service of Holy Communion is held in the QE chapel each Sunday morning at 11am. All are welcome. Bedside communion is brought to patients who request it on Sunday afternoons.
Chaplaincy can be contacted on **0191 445 2072**

**National Support Groups**

**ICU Steps**

Support group for people who have experienced critical illness. Meeting every two months for South of Tyne. For more information see [www.icusteps.org](http://www.icusteps.org) or ring the Critical Care Rehabilitation office on **0191 445 3210**

**Stopping Smoking**

For free support, expert advice & tools including the Quit Kit to help you stop smoking call for free advice. Free phone **0800 022 4 332**

[www.smokefree.nhs.uk](http://www.smokefree.nhs.uk)

**Drugs**

This site provides straightforward advice about drugs for young people. Free phone **0800 77 66 00**

[www.talktofrank.com](http://www.talktofrank.com)

**Turning Point**

Turning Point addresses the individual needs of people with substance misuse, mental health and learning disability. It is a leading social care organisation across England and Wales. [www.turning-point.co.uk](http://www.turning-point.co.uk)
The Intensive Care Society (ICS)

The ICS is the organisation that represents medical healthcare professionals working in the field of critical care in the United Kingdom. The website has a patient and relatives area, information regarding meetings, guidelines and links to related critical care sites.
www.ics.ac.uk

Healthtalkonline

The Healthtalkonline project is supported by the NHS and seeks to describe the patient experience using semi-structured interviews. The experiences of people who have experienced critical illness are available on the site.
A must read!
http://www.healthtalkonline.org/Intensive_care/

Age UK

Age UK promotes the well-being of all older people and to help make later life a fulfilling experience.
http://www.ageuk.org.uk/

Alcoholics Anonymous

Meeting at Queen Elizabeth Hospital, Mondays 7.30pm at the Education Centre (Gate D).
Meeting at Oaktrees, Walker Terrace, Wednesdays 6pm
www.alcoholics-anonymous.org.uk

An-Anon

For friends and relatives of people with alcohol dependency.
www.al-anonuk.org.uk

Local Support Services

Martin Mulvaney Crossroads Care 01207 549 780
Martin is happy for people to contact him for advice on financial assistance, carer support and community assistance (housework, ironing etc). He is part of ICU Steps South of Tyne and familiar with people who have been in Critical Care.

Age UK Gateshead 0191 477 3559
Available for advice on benefits, day centres, group activities, gentle exercise and bereavement services.

Anchor Staying Put 0191 482 4977
Advice and support for older and/or disabled home owners. Assistance with gardening and small repairs for home owners over 60 and disabled.

Gateshead Carers Association 0191 490 0121
Information and support service for those who care for people in Gateshead
British Red Cross 0191 273 7961
Contact for short term wheelchair loan

Tyneside Women’s Health Project 0191 477 7898
Promoting positive mental health, well being and personal development of women through group activities including confidence building, anxiety management, skills development and varied activities groups.

Sport and leisure facilities

Birtley Leisure Centre
Activities, Fitness Classes, Gym, Holiday Activities, Meeting Room Hire, Parties, Sports Courses
Durham Road, Birtley DH3 2TB Tel: 0191 433 5797.

Birtley Swimming Centre
Water Activities, Holiday Activities, Courses
Durham Road, Birtley, DH3 2PA Tel: 0191 433 5775.

Blaydon Leisure & Primary Care Centre
Fitness Classes, Gym, Holiday Activities, Water Activities
Shibdon Road, Blaydon NE21 5NW Tel: 0191 433 5770.

Dunston Activity Centre
Activities, Fitness Classes, Gym, Holiday Activities, Library, Parties, Sports Courses
Ellison Road, Dunston NE11 9SS Tel: 0191 433 5678.

**Dunston Leisure Centre**
Fitness classes, Gym, Squash Courts, Swimming Pools
Dunston Bank, Gateshead, NE11 9PY. Tel: 0191 433 5757.

**Gateshead Indoor Bowling Centre**
Activities, Cafe, Holiday Activities, Meeting Room Hire
Gladstone Terrace, Gateshead NE8 4DY Tel: 0191 433 5750.

**Gateshead International Stadium**
Activities, Gym, Holiday Activities, Meeting Room Hire, Pitch Hire, Sports Courses, Track
Neilson Road, Gateshead NE10 0EF Tel: 0191 433 5700.

**Gateshead Leisure Centre**
Activities, Fitness Classes, Gym, Holiday Activities, Meeting Room Hire, Parties, Sports Courses, Water Activities
Alexandra Road, Gateshead NE8 4JA Tel: 0191 433 5733.

**Heworth Leisure Centre**
Fitness Classes, Gym, FlowRider, Swimming Pools
High Lanes, Gateshead, NE10 0PD. Tel: 0191 433 5715.
Part 2
Exercise Plan

When you leave critical care the physiotherapist will provide you with an individualised exercise programme. The programme will help you to recover quicker.

Your exercise goals will be documented in your rehabilitation care pathway. Each individual exercise will be numbered. The physiotherapist will recommend the number of repetitions of each exercise and the number of times in a day you should complete each individual exercise.

It is important that you record the exercises you have been doing, then you are able to track your progress and recovery. Each time you complete an exercise tick the appropriate box for that day and time.

When you are ready to be discharged from hospital your exercise plan will be reviewed according to your ability and progress. It is important that you continue your exercise programme at home.
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This manual has been produced for Gateshead Health NHS Trust. The information it contains has been adapted from St Helens and Knowsley Hospital, Intensive Care Recovery Manual, 2007, Dr Christina Jones and the intensive care society website.

Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service.

This leaflet can be made available in other languages and formats upon request