

Physiotherapy in the Critical Care Unit

A guide for relatives and patients

The physiotherapist plays an important role in a patient's recovery on the Critical Care Unit (CCU)

The role of the physiotherapist can be divided into two areas, both of which involve important strengthening exercises. This is important in the recovery of some patients during their time on CCU. Each treatment program will be patient specific and depend on an individuals specific needs.

1. Respiratory physiotherapy

It is normal for our lungs to create sputum every day. Sputum collects any dust/dirt particles and is usually coughed and cleared throughout the day.

On CCU, sometimes it is necessary for patients to have mechanical ventilation to help with their breathing. This is important in their recovery but stops patients being able to cough and clear their sputum as normal.

If the patient has a chest infection/pneumonia more sputum is produced. Physiotherapists help patients to manage their daily sputum with various different techniques.

Patients may need mechanical ventilation to allow them to breathe but this also results in some weakness of the chest muscles which usually do not need this extra help. We will provide breathing exercises in addition to early movement (such as sitting out in a chair) to help maintain muscle strength and cough strength. Due to the importance of strength in allowing patients to “wean” off the ventilator the physiotherapists also have a key role in this process.

The physiotherapist will work with the rest of the CCU team. When appropriate, they will often arrange a “weaning plan” to structure the process of starting to have some time breathing without the ventilator, leading to independent breathing.

Most patients who are mechanically ventilated will be referred to Physiotherapy and can be treated and see benefits from this even if sedated.



2. Rehabilitation

Patients on CCU can become weak very quickly. Their muscles become tight and weaker and their joints stiff the longer they spend in bed.

If necessary, physiotherapists will review and monitor the patients functional progress throughout their time on CCU. Evidence suggests it helps patients to begin moving around early on when on CCU. This means the physiotherapist may progress patients to sitting up, standing, sitting out on a chair, and moving as soon as possible. This will benefit the patient both physically and mentally and should improve their recovery.

What you may see in CCU

Some treatments are not suitable for all patients, each patient is individually assessed.

- Bed and breathing exercises.
- Stretches or splints for hands or feet to prevent muscle and joint stiffness.
- Early activity such as getting in to a chair or walking (even if still on the ventilator!). This encourages deep breaths and coughing.
- Positioning patients to allow gravity to help sputum drain from their lungs/ encourage deeper breaths.
- Manual techniques such as percussion and vibrations are applied to the patient's ribs, like "patting" to try to loosen and clear the sputum.
- The "Cough Assist" device may also be used to help with achieving an effective cough, but only if considered appropriate by the physiotherapist.
- Suction: by placing a small tube into the lungs to suck out the excess sputum. This is very important in patients who are too weak to cough adequately or who are relying on mechanical ventilation for their breathing.

The Physiotherapy Team

There are a team of physiotherapists available throughout the week in CCU. The physiotherapist will visit at least once a day and more if needed.

This leaflet explains the role of the physiotherapist on Critical Care, but if after reading it you have any questions, please speak to a member of Critical Care staff or a member of the physiotherapy team.

Contact details

- Kent and Canterbury Hospital (K&C)
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- William Harvey Hospital, Ashford
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- Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate
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