

On discharge to the ward the Critical Care Outreach team will provide support with ongoing concerns around hallucinations.

In some cases, patients (and their relatives) can have extreme symptoms of stress after treatment in Critical Care Services. This is known as post-traumatic stress disorder (PTSD), and is rare. Most people who have suffered from PTSD found that talking to a professional counsellor about their stay in hospital helps. You can ask your GP to refer you for counselling.

Useful Contacts

Senior Sister – Critical Care Services

Tel: 01225 825707

ICUsteps <http://www.icusteps.org>

ICUsteps is the United Kingdom's only support group for people who have been affected by critical illness and has helped many former patients, their relatives and medical staff from organisations around the world

Voicemail number: 0300 30 20 121

Questions

If you have any questions or concerns having read this leaflet, please ask a nurse or doctor. We are here to support you.

If this does not resolve your worries then please contact P.A.L.S (Patient Advice & Liaison Service). P.A.L.S is a free, accessible and confidential service for patients, relatives and carers. It aims to:

- advise and support patients, their families and carers
- provide information on NHS services
- listen to concerns, suggestions or queries
- Help sort out problems quickly on your behalf

Email:

ruh-tr.PatientAdviceandLiaisonService@nhs.net
or telephone 01225 825656

Royal United Hospitals Bath
NHS Foundation Trust
Combe Park. Bath BA1 3NG

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Critical Care Services Hallucinations

Information for Patients,
Relatives and Carers



It is not unusual for patients who are admitted to the Critical Care Services to experience some form of hallucinations. These could be similar to nightmares, delusions or fantasies.

A hallucination is “feeling” something (seeing, hearing, smelling, touching, tasting) that seems to be real but that has been created by the mind.

Patients believe that the experience has happened to them though factually it hasn't. They may not behave like they normally would. They may:

- Tell you they are seeing things
- Tell you about a conversation they have heard
- Not want to see you
- Not believe what you tell them
- Seem agitated / restless
- “Pick” at things around them
- Not concentrate on you when you visit
- Ask about their surroundings
- Talk to someone else who is not there
- Want you to take them home

There seems to be some common themes such as being in a spaceship or being at sea. Some people see insects flying around, others see a colour very vividly, or flashing lights. There is no way of predicting what hallucinations someone may have.

The patient may appear frightened. Sometimes, the hallucinations can be distressing (for example, imagining being kidnapped, or being threatened by staff or relatives).

There are a number of reasons for hallucinations. Here are some common ones:

- Being critically ill
- Medicines (sedation, pain relief)
- Lack of sleep
- Being in a strange environment
- Loss of day / night routine
- Disorientation to time (not sure of day/date/day or night)
- Fever
- Electrolyte imbalances
- Blood sugar levels

These usually get better with time but may still occur when the patient goes back to the ward or their home.



Whilst the Critical Care team tries to minimize some of the causes (like adjusting sedation, or trying to maintain day/night), it is not possible to prevent hallucinations in all cases.

It may be useful to ask your relative about what is happening to them,

- What / who they are seeing?
- What / who they are hearing or talking to?

Try to offer comfort and reassurance. Explain:

- that they are safe
- that they are in hospital
- the time, day and date
- the routines of the Unit
- that they are ill
- the layout of the Unit

That it is normal to experience this – that they are not “going mad.” It is important to understand that you or the staff may be part of the hallucination – this can be good or bad.

If you are concerned, please tell a member of staff. They may be able to reassure you.