

# Intensive Care Unit (ICU) Follow-up Clinic

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Everyone  
Matters  
Working  
Together  
Making a  
Difference

## Harms associated with ICU

### Physical

- Loss of muscle strength
- Reduced mobility
- Problems with communication
- Problems with swallowing
- Poor sleep
- Sensory loss
- Pain

### Non-physical

- Anxiety
- Depression
- Nightmares
- Flashbacks
- Loss of memory
- Loss of concentration

# Our Patients' Need

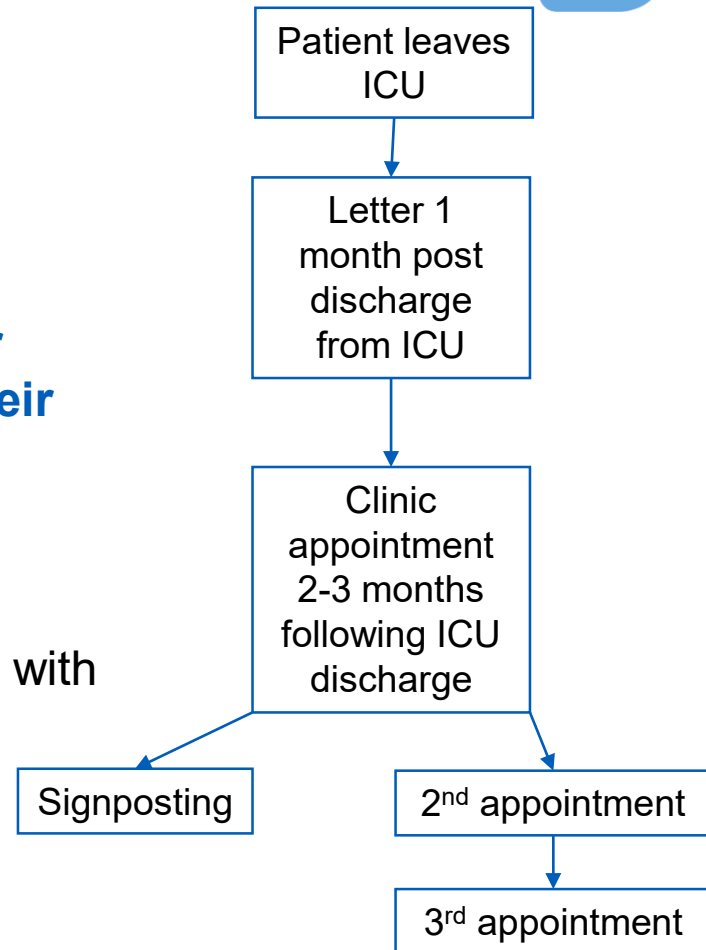
- NICE clinical guidance CG83
- NICE quality standard 158
- Guidelines for the provision of intensive care services (GPICS) versions 1 and 2.
- NHS England's service specification for critical care (D05)
- CQC reports 2016 and 2018
- BTS guidelines- COVID

**Day case surgery vs critical care stay**



# Our pilot service

- Funded for one year (from January 2020) [£58k surgical board/innovation panel]
- ICU level 3 for 3 or more days
- MDT approach
- **Aim to identify any ongoing needs or concerns of patients as a result of their ICU stay**
- Physical/ psychological/ social
- Responsive changes to service delivery with Covid-19
- Responsive to patient feedback
- Sharing learning with the ICU team



JD

Duration of stay in ICU: 1month

- Supraglottitis
- Multiple deep neck abscesses
- Difficult airway
- Required tracheostomy



## Presentation to Follow Up Clinic

- Good physical recovery
  - Initial appointment: TSQ positive
  - Referred to Clinical Psychology
  - PTSD presentation
- Content of Flashbacks/  
nightmares:
- Being taken on a boat for execution
  - Pleading with terrorists for life
  - Being held at knife edge

# Treatment

Trauma Focused CBT:

1. Reclaim life – connect with friends
2. Reliving
3. Updating ‘hot spots’ i.e. –

‘I was not being taken to be executed, I was being treated in ICU’

‘Being held at knife edge – was where my neck abscesses were being treated and tracheostomy’

‘Some of the staff had accents and were dressed in slacks which in my confused state I identified as terrorist uniform’

Unable to revisit the unit – still due to do this.

Outcome: no longer experiencing flashbacks; returned to work.



01/10/2019- 26/02/2021  
(17 months):

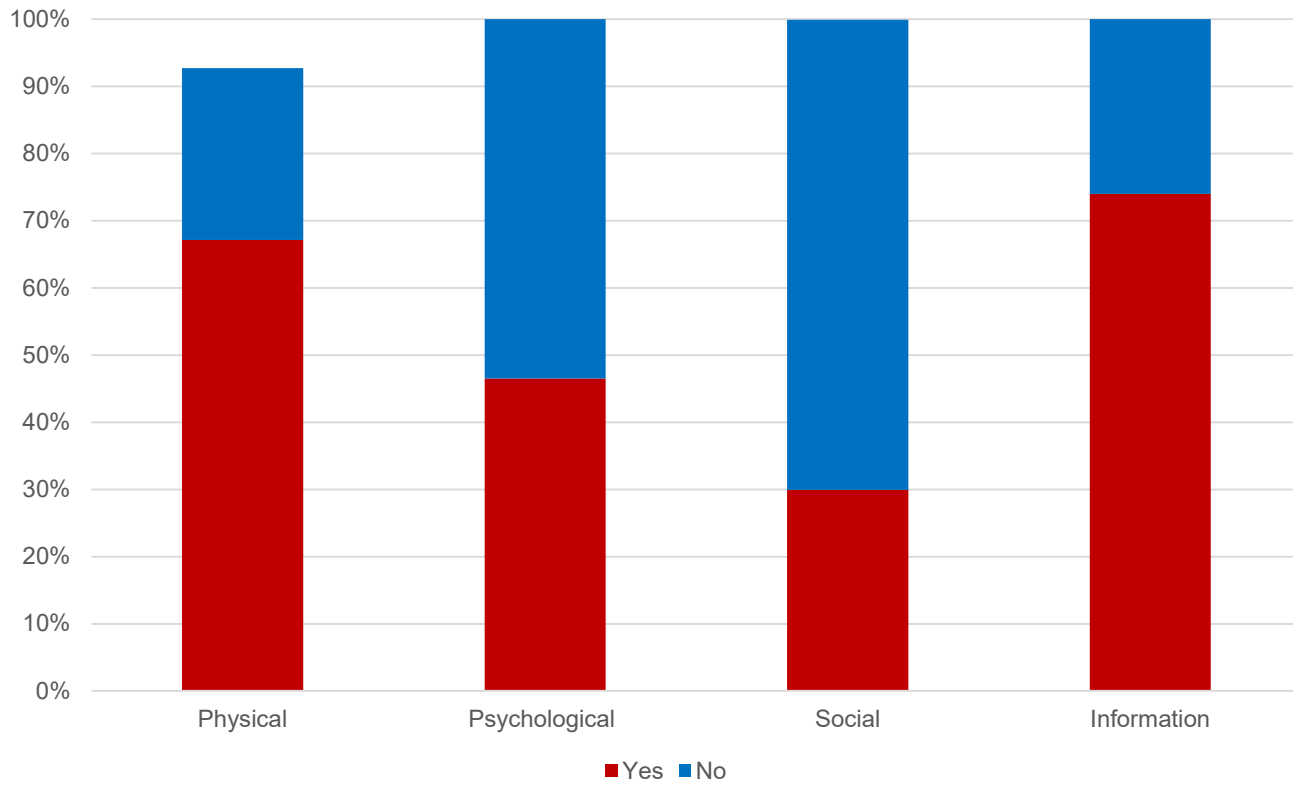
- 1114 admissions; 967 discharge alive
- 2-3 months after discharge:
- 439 eligible for clinic contact:
  - 61 died
  - 34 in a healthcare institution
  - 6 children
  - 2 homeless- unable to contact
  - = 336 contacted
- **Full input from clinic team in 130**



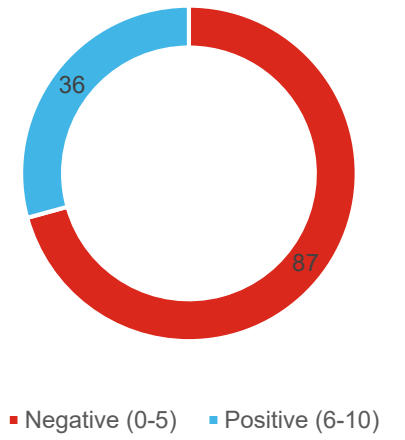




### Patients' Presentation

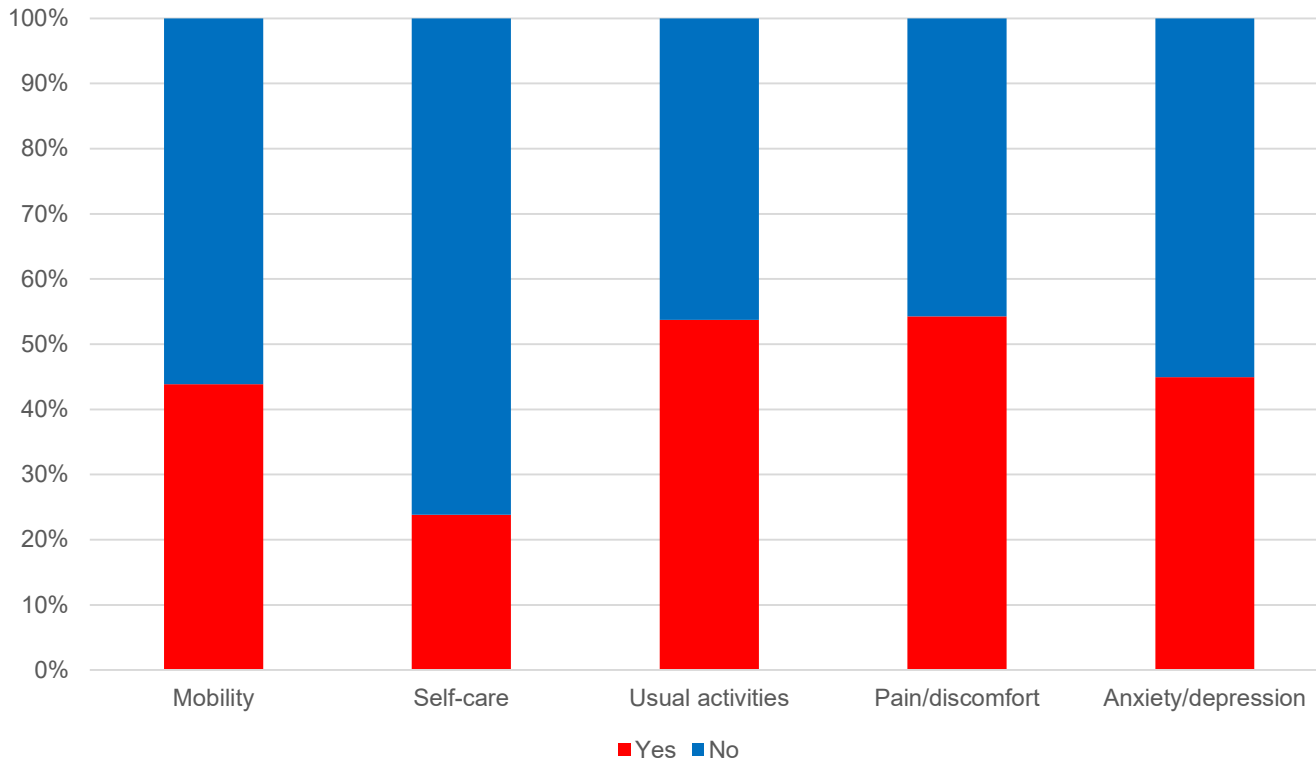


### PTSD Screening



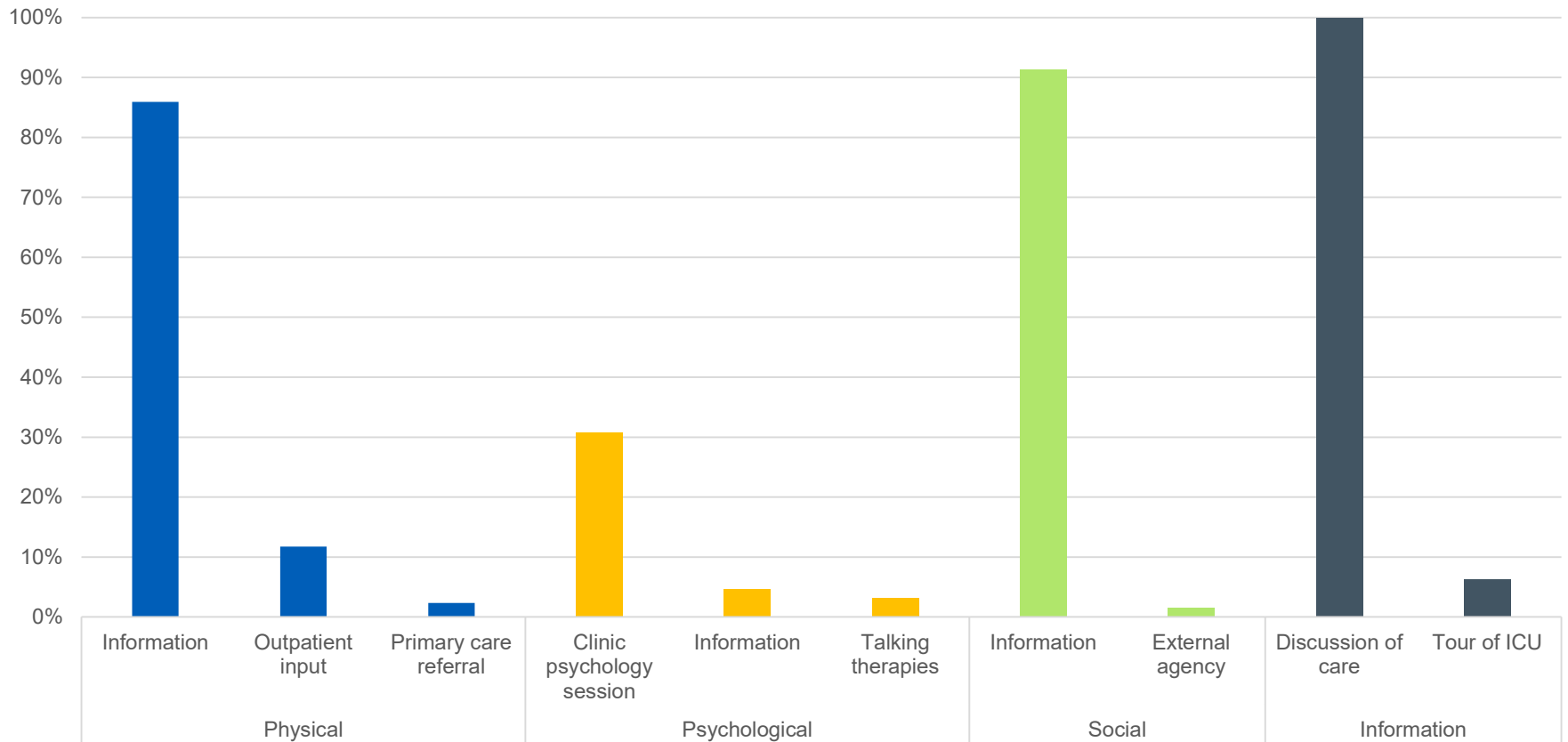


### Quality of Life Results



79% able to live without assistance prior to ICU admission

Patient Input by Category





## Was there anything particularly good about the clinic?

Yes, very helpful and it felt like it cared

Very personal. They were really interested in my wellbeing

Yes, it was a pleasure and a reassurance to meet properly those professionals who had been involved in my care whilst in the ICU. I welcomed the opportunity to ask questions and to learn more about what had been wrong with me

Yes, as we are coping with COVID it was lovely that someone was in contact as soon as they could and we didn't get forgotten

I was pleased that they addressed the psychological aspects of my illness. I received some helpful calls from the psychologist and was reassured to know that I could call on her for help if I needed to. I thought that was very good

- 100% felt the clinic was helpful
- 93% felt their needs were addressed



# AJ – Day 54 on ICU today



- The future of the clinic?  
TBC