



University Hospitals Birmingham
NHS Foundation Trust



Information for visitors to critical care

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Introduction

This guide provides practical advice and information to people whose loved ones are admitted to the Critical Care Unit (CCU) at Queen Elizabeth Hospital Birmingham. This ward area is also known as an Intensive Therapy Unit (ITU) or Intensive Care Unit (ICU).

At Queen Elizabeth Hospital Birmingham, the Critical Care Unit is divided into four sub-areas (A, B, C & D). All 4 areas are able to care for **all** types of critically ill patients, but patients undergoing cardiac surgery are predominantly nursed in Area D and following neurosurgery in Area C. Patients with liver related illnesses including those requiring transplantation are mostly cared for in area A and those who have suffered major burns and/or trauma, in area B. Sometimes it may be necessary to move patients from one area to another within the Critical Care Unit.

This booklet is a general guide only, more detailed information will be provided by the unit staff. Please be aware that each unit varies slightly in its set-up and procedures. Please don't be afraid to ask questions as the teams are there to help you.

Intensive care is provided to treat patients who need constant, close observation and support from equipment and medication to maintain normal bodily functions. This may be as a result of major surgery, as a consequence of serious injury or because of serious illness. Some patients are in a critical care unit for shorter periods of time than others, depending on the extent of their illness or injury.

'High dependency care' is for patients who require less monitoring or treatment than is normally provided in a CCU. As patients get better and need less 'intensive' care, they are sometimes transferred to a high dependency unit (HDU) and then to a general ward somewhere else in the hospital. At Queen Elizabeth Hospital Birmingham, high dependency beds are located in the same area as those for critical care.

What is critical care?

Critical care is a general term for specialist treatments given to seriously ill patients. Most critical care is given in areas especially designed for this purpose.

Patients whose conditions are life-threatening, either through serious injury or illness, need constant close monitoring. They often need equipment and medicine to support normal body functions. This care is provided in a critical care area. Critical care areas are run by doctors who specialise in looking after critically ill patients and there are more nurses for each patient than in an ordinary ward.

The length of time patients stay in a critical care area depends on the extent of their illness or injuries and any further complications. Some patients will recover fairly quickly while others may remain on the unit for some weeks. Sometimes a patient's condition will fluctuate and can deteriorate or improve rapidly. For example, a patient may develop an infection and other organ systems may fail – requiring additional support. Recovery is not possible in all cases and sometimes the patient dies.

Occasionally it is necessary to move a patient to an area in another department or to another hospital to give them appropriate specialist care. Sometimes a patient is transferred to a different hospital for clinical reasons or to be closer to home whilst they recover.

Some admissions to a critical care area are planned, usually after major surgery, or in order for certain specialist treatments to be performed. In such cases, it may be possible to visit the unit beforehand. This can help patients and their families to familiarise themselves with the environment and the surroundings.

If a patient needs an operation urgently they may go straight to the operating theatre. A patient whose condition is extremely serious, possibly life-threatening, maybe be brought directly to critical care.

When a patient is brought to a critical care area it can take several hours for the doctors and nurses to make an assessment, to make the patient as comfortable and as stable as possible and attach them to the necessary equipment.

Please be aware that it is normal to have to wait during this time. We appreciate that this can be frustrating, however, it is important that the medical team stabilise the patient's condition. Please be assured that a member of staff will explain what is happening as soon as they can.

Visiting a critical care area

What does a critical care area look like?

The first thing that you will notice when you visit a critical care area is the amount of equipment surrounding/attached to each patient. Critical care areas do not generally have separate male and female sections but efforts will be made to ensure that privacy and dignity are maintained.

Entering a critical care area

You will have to press a buzzer and speak to a receptionist or a nurse on an intercom to gain entry to our critical care areas. Unless you are told otherwise, you should always check with a member of staff before entering.

Infection control

We are committed to our responsibility to do everything we can to reduce our infection rates. While hospital cleanliness does play a part in tackling infection, it is simple and basic personal hygiene that really makes all the difference in both prevention and control of infection. Hand washing and/or hand decontamination with alcohol based hand gel is the single most important measure we can all take to prevent the spread of infection in our hospital. Please use the alcohol based hand gel available from the wall dispenser before entering and leaving the critical care unit.

Noise levels in a critical care area

It can be quite noisy in critical care, especially during the day. There may be beeping noises from some of the equipment and even an occasional alarm sound. This is normal and does not necessarily mean that something is wrong.

Will I recognise my loved one?

Your loved one may look very different from the last time you saw them. Their clothes will have been removed and they may be attached to lots of equipment.

Can I touch my loved one?

Tubes and wires often surround a patient in critical care. It is usually possible to touch your loved one but it is sensible to ask a nurse first.

Can I talk to my loved one?

During the early part of their treatment, patients in critical care are often unconscious, this is because they are being given drugs to make them sleepy and more comfortable. A patient may be able to hear even if they cannot respond. Members of staff talk to unconscious patients and tell them what is happening, so please do talk to your loved one and let them know that you are there.

It is normal to feel upset and worried when you first visit your loved one in intensive care. We understand, and are there to help. If you have any questions or concerns please speak to a member of staff. You may find it helpful to have someone with you, as it's sometimes difficult to absorb and take in information.

Queen Elizabeth Hospital Birmingham runs a critical care support service. This offers support to visitors and patients whilst they are in critical care and also after they have been discharged. A formal rehabilitation programme is currently being developed for patients following discharge from critical care. The contact number for the nurses overseeing follow-up can be found on page 21.

Who is allowed to visit?

We ask that only immediate family and close friends visit. Due to the limited space around the beds, only two visitors may attend the bedside at any one time. Please speak to the nurse at the bedside before bringing children to visit.

Do I need to bring in anything for my loved one?

Due to the limited amount of space at the bedside and for infection control purposes, we ask relatives to take property home except for essential items like dentures, glasses and hearing aids. It is useful for us to know the names and doses of regular medication but drugs will be dispensed through the hospital pharmacy. Unfortunately, flowers are not permitted as pollen and vase water may spread infection to those that are already sick or vulnerable. We also discourage soft toys because of the difficulty in keeping such things clean. You may bring in a limited number of cards.

Who works in the critical care area?

The staff in a critical care area work as a team. It is likely that you will meet many members of staff who look after your loved one as the days go by. The most senior doctor in the department is a consultant. Consultants specialise in a particular area of medicine. The critical care units at Queen Elizabeth Hospital Birmingham are run by consultant anaesthetists and consultant physicians known as intensivists. Anaesthetists are doctors who specialise in supporting breathing and circulation in unconscious patients. In addition, other specialist doctors will also visit the unit to advise on particular aspects of patient care. Consultants are assisted by a team of junior doctors in training. Please be assured that there is always a doctor available to ensure that any change in a patient's condition is treated appropriately. The senior nurse in a critical care area is called a Sister or Charge Nurse. The nurses who look after individual patients' needs may also be sisters or staff nurses. A nurse is assigned to each patient as his or her nurse for that shift, and spends the majority of their time looking after that patient. When a patient is being cared for as a high dependency patient, a single nurse may look after two patients. Sometimes there may be student nurses on the unit who work under close supervision. You may also notice military staff caring for patients on the critical care units. The Royal Centre for Defence Medicine (RCDM) is based at the new Queen Elizabeth Hospital Birmingham, with defence personnel fully integrated with NHS staff to treat both military and civilian patients.

Patients in critical care areas are very ill and their condition may change quickly. The information that you receive may sound different on a daily basis. You may find it helpful to speak to the same doctor or nurse, although this is not always possible. If you are confused about your loved one's condition, please tell the staff and ask for further explanation.

Try to be patient. It may seem that you spend a lot of time waiting to see your loved one whilst the staff attend to them,

however, the staff will let you be with your loved one as soon as possible.

Staff who visit critical care areas:

Physiotherapists visit the critical care area every day. Many patients are at risk from chest infections because their lungs are not functioning well enough to prevent a build-up of secretions. Physiotherapists may treat a patient's chest, to optimise lung function and to help clear their lungs. The secretions are removed using a small suction tube passed down a patient's throat or breathing tube. Another important role of the physiotherapists is to maintain range of movement for joints and strengthen muscles. When patients are able, physiotherapists help with mobilisation and exercise programmes.

Pharmacists are involved in monitoring the effects of medicines on patients. Pharmacists also ensure that the department has a sufficient supply of drugs.

Dieticians ensure that each patient is receiving the appropriate type of food and is receiving enough calories and nutrients.

Radiographers take X-rays of patients, either in the intensive care unit using a portable machine, or in the radiology department. A radiographer also performs ultrasound scans.

Speech and language therapists may visit the area to assess problems with swallowing or speech when a patient is conscious.

What does all the medical equipment do?

The equipment on the critical care units is there to support normal bodily functions and monitor the patient's condition.

Breathing equipment

A ventilator is a machine that assists a patient's breathing. Some people also call this a 'Life support machine'. A tube is inserted through either the patient's nose or mouth and into the windpipe. The tube, which is known as an endotracheal tube, is connected to a machine that blows air and extra oxygen in and out of the lungs. The machine can 'breathe' completely for a patient or it can be set to assist a patient's own breathing. A patient can be gradually weaned off a ventilator when their condition improves.

If a patient is likely to remain on a ventilator for more than a few days, the endotracheal tube is sometimes replaced with a tracheostomy. In this case, an operation is carried out to insert a tube into a hole made in the throat. Although this can look rather strange, it is actually quite comfortable for the patient compared with having a tube in the mouth. A patient will not usually be able to speak while the endotracheal tube or tracheostomy is in place.

Most critically ill patients require extra oxygen. This can be given through the ventilator or a special mask. This type of treatment is called CPAP or non-invasive Ventilation (NIV). The masks are tight fitting and patients can find it difficult to speak whilst wearing one, which can be frustrating. Sometimes, it is possible for the patient to manage without the mask for a time, however, it is always best to check with the nursing team.

Equipment for fluids

Patients are often attached to drips. These allow liquids to be passed through tubes into veins, usually in the side of the neck, arm or hand, but sometimes in the groin or legs. There are various substances commonly used in drips. Fluids can be

used in drips for various purposes, including re-hydration and maintenance of blood pressure.

Drugs are often given through a drip. A pump is attached to the drip to administer the drugs at the correct rate. Blood may also be needed by a patient. The amount of blood given is carefully monitored. Blood is made up of several substances, for example plasma and platelets, which can be given to a patient separately if needed.

Food in the form of liquid containing essential nutrients can be given either through the nose via a tube which goes down into the stomach, or through a drip into a large vein. Tubes that drain waste fluid from different areas of the body can also often be seen around a patient.

Kidney equipment

If a patient's kidneys are working normally, the nurses may need to measure how much urine is being produced every hour. To do this, a urinary catheter will be passed into the patient's bladder. This tube is attached to a bag at the side of the bed. When a patient's kidneys are not working properly, a haemofilter machine may be used to support them. It works in a similar way to a dialysis machine. Depending on the patient's needs, haemofiltration may be carried out continuously or for a period of several hours every day.

Other monitoring equipment

Each patient is attached to a machine called a cardiac monitor or ECG which monitors their heart rate. Small sticky pads are placed on their chest and are connected to this machine. The machine picks up electrical impulses from a patient's heart and can detect any abnormalities. The monitor can also show a patient's breathing rate, blood pressure, temperature and oxygen saturation. It is normal for the numbers shown on the monitor to keep changing. Other devices may be used to measure blood flow and pressure in different parts of the body.

The following investigations and procedures are used if appropriate:

CT scan

A CT scan (Computerised Axial Tomography) of the body or head. This type of scan is an X-ray that is analysed by a computer to show a patient's body as if it were a series of layers. It is more detailed than a regular X-ray, therefore, provides more information.

MRI scan

An MRI scan (Magnetic Resonance Imaging) is used less often than a CT scan. It is similar to a CT scan; however, it provides information in finer detail.

Ultrasound scan

Ultrasound scans can also be used on different areas of a patient's body to help to find out what is wrong. Gel is placed over the area to be scanned, which is often the heart or stomach area, and a probe is moved over it to produce a detailed picture on a monitor. An ultrasound scan of the heart is called an echocardiogram.

ECG

An electrocardiogram (ECG) provides more detailed analysis of the condition of a patient's heart in a similar way to a cardiac monitor.

EEG

An electro-encephalogram (EEG) detects changes and abnormalities in the brain. Sticky pads on the head are attached to a machine which detects minute electrical impulses.

Endoscopy

Endoscopy enables doctors to see inside a patient's body using flexible tubes which transmit light. These are passed down the patient's throat to view inside a part of the body such as the lungs or stomach.

Some investigations have to be done in another department so we do have to move patients from the critical care area for a short period of time.

Treatments

Drugs used in Critical Care Areas

Drugs are an essential part of the treatment provided in critical care areas. The amount and type of drugs given to a patient will vary according to their condition and progress. Staff will explain your loved one's individual needs.

Commonly used drug treatments include:

Drugs to stop pain

Painkillers are also known as analgesics. The types of analgesics used in critical care areas can be very powerful, and can make a conscious patient drowsy.

Drugs to keep a patient rested

Sedatives are used to keep a patient in a deep sleep or in smaller doses to keep a conscious patient calm. This helps patients to tolerate the tubes and equipment attached to them. Some sedatives cause patients to temporarily lose their short-term memory.

Drugs to keep a patient still

Sometimes additional drugs are given to a sedated patient to stop any muscle movement and allow them to be attached more comfortably to breathing equipment. These drugs make a sedated patient seem unresponsive because the drugs prevent them from moving.

Drugs to help a patient's heart work more effectively

Inotropes are a group of powerful drugs that help to make the heart work more effectively. They also support blood pressure.

Other drugs

Other drugs given routinely to most patients in intensive care include heparin (to prevent blood clots), drugs to limit acid secretion by the stomach and those to keep the gut working normally. All other treatments are tailored to individual patients' needs.

Operations

Sometimes a patient in a critical care area needs an operation to assist their recovery. Because these patients are very ill, there may be lengthy discussions about treatment and when particular operations should be carried out. Doctors will always attempt to discuss the purpose, risks and possible outcome of surgery with a patient (if conscious) and their loved ones.

Pressure ulcers

Pressure ulcers are areas of damage to the skin and underlying tissue. They are caused by a combination of pressure, shearing and friction.

People who are in intensive care are more prone to developing pressure ulcers due to a number of factors such as immobility, poor circulation, moist skin and impaired nutrition or fluid intake.

The healthcare team will need to regularly examine the patient and carry out a risk assessment. Then a prevention plan will be implemented which will include: regular skin inspection, regular repositioning, use of specialist equipment and referral to relevant healthcare professionals.

Waiting for your loved one to recover

It is natural for family and friends of a seriously ill person to ask nursing and medical staff: 'What are their chances?' It is not always possible for the doctors and nurses to predict what is going to happen. A very ill patient may improve or deteriorate quickly. Sometimes the health of a patient whose life is at risk can fluctuate widely. In this situation medical staff may refer to a patient's condition as 'critical'. Each patient is different so it is very difficult to generalise. The doctors and nurses will give you as much information as they can.

Sometimes complications develop. This can be due to the intensity of procedures and treatments required to support a patient through their original illness, as well as the severity of illness itself. The most common complication of critical illness is infection. There are many reasons why infections develop during critical illness, but the main ones are related to the breakdown of the normal 'barriers' or 'defences'. These include patient immobility, invasive monitoring devices and mechanical organ supports such as ventilation. Also, patients who require critical care treatment often have reduced ability to fight infection.

Weakness and loss of muscle tone is another common problem in critical illness. There can be a dramatic reduction in strength which can occur even within a few days. In general, the longer a patient stays in critical care, the more profound the loss of muscle and function. It can take many months before power and function returns to normal. In some cases it doesn't recover. Patients can appear swollen and bruised as the skin can become waterlogged and very fragile.

If your loved one's medical condition starts to improve, the levels of support needed for bodily function can be reduced. The level of support given by a ventilator can be 'weaned down'; sedation is reduced or stopped; the haemofilter may no longer be required as kidney function returns. This process can occur over a few hours or days, but may be a very prolonged process continuing over weeks, with many setbacks along the

way. Weakness may be one of the main reasons for a prolonged recovery at this stage of your loved one's illness. Sleep is often very disturbed and patients can be confused.

This can be a depressing and difficult time for both patients and relatives as recovery appears to be near and yet the final hurdles are very difficult to get over. If your loved one is in critical care for a long time, you may find visiting becomes harder. It is common to feel helpless at this time.

Talking to others

Fear of the unknown can cause worry. Do not be afraid to ask the staff questions if something is bothering you. They may be busy but they will always find time to talk to you.

It can be helpful to have someone to talk to about what you are going through. Friends and family can be a valuable source of support at this time, or you may wish to speak to your own GP. We can also arrange for the hospital chaplain to visit you, or you may prefer to talk to a representative of another faith. A 'quiet room' is located on Level 4, Seminar Room 4B (next to ward 409). This room can be used by patients' families, patients and staff in need of quiet time to reflect. The room has a facility to store religious symbols for individuals to select.

There is a support service for critical care patients and their relatives that is run and coordinated by a critical care support sister. Contact details are as shown on page 21 of this booklet.

Visiting a critically ill patient can be very tiring. It is understandable to be worried about your loved one but it is important to take care of yourself. Try to rest as often as you can. Sleep during the night not the day. Remember to eat sensibly too. You will need your strength.

Raising concerns

Please let us know if you are unhappy with any aspect of care whether it is directly concerned with your relative or you as a visitor. If you wish to raise a concern or make a formal complaint, please inform the nurse at the bedside in the first instance who will refer you to the nurse in charge or the unit manager if on duty. We take all concerns very seriously. There is a Patient Advice and Liaison Service (PALS) who provide confidential help and support to assist patients and relatives if they have concerns or queries about the care we provide. The PALS coordinator can be contacted on 0121 371 3280. (Please note that there is a telephone answering service in operation out of hours). Telephone numbers for national support organisations are listed in the section 'Sources of help'.

Transfer from a critical care area

Patients are usually transferred from intensive care when they are able to breathe on their own and no longer need the specialist skills of the critical care team. At this point they may move to High Dependency care. In other hospitals high dependency areas may be separate, distinct units where there is less intensive monitoring and equipment. At Queen Elizabeth Hospital Birmingham, the change from intensive to high dependency care will be reflected by a reduction in monitoring and intensity of treatment/intervention, but often the patient will remain in the same bedspace or critical care area.

Where a patient is moved to will depend on the nature of their illness or injuries. Some patients will require further specialist help to assist their recovery and will be transferred to a unit equipped to deal with their particular needs, such as a burns unit or neurological rehabilitation facility. Most patients are transferred to a ward within this hospital.

There will be fewer nurses and less equipment on wards as

patients will no longer need intensive one to one care. The more 'normal' atmosphere is an important step towards recovery and rehabilitation. Patients discharged from critical care are reviewed on the wards by senior nurses of the Critical Care Outreach Team.

If you are at all worried or have a query about your relative's transfer, please speak to the nursing or medical staff.

Any period of critical illness can leave patients feeling very weak and it can take a long time for people to recover their full strength. Patients should aim to gradually increase their levels of activity but also ensure that they have proper rest. Patients recovering from critical illness often have poor appetite and difficulty in swallowing. Once your loved one is able to eat, it is often best to begin with regular small tasty snacks rather than big meals.

Patients often do not remember being in a critical care area. However, sometimes the memory of all the tubes and machinery, the unfamiliar surroundings and the actual illness/injuries they have suffered, can cause a patient to feel agitated and confused for some time afterwards. Relatives and friends can help by trying to be calm, and reminding their relative of familiar and everyday things. Sometimes patients have difficulty sleeping or have recurring dreams as a consequence of their critical illness. They may suffer with concentration problems, memory loss, persistent anxiety or depression, as well as mobility and eating difficulties. If your relative suffers with any of these symptoms and requires advice, please ask them to speak to their GP or contact the follow-up service for critical care on 0121 371 2830.

Many patients make a full recovery and return to their normal lives quite quickly, but in some cases convalescence can take much longer. Some do not recover. Some patients may remain on medication and/or require further treatment in the future.

Looking after yourself

Relatives and friends also go through an extremely difficult and traumatic time and may feel a mixture of emotions such as anger and resentment. This may even be directed at your loved one and place a strain on personal relationships. Contact the follow-up service to discuss anything which concerns you (phone number 0121 371 2830).

There are many support groups that offer help with specific problems. These are listed in the section 'Sources of help'. The experience of suffering a life-threatening condition and spending time in a critical care area can affect both the patient and those close to them. It is normal for everyone to take time to adjust to what has happened.

The death of a loved one

The purpose of critical care is to treat seriously ill patients who have a reasonable chance of recovery. Sometimes, complications develop – despite treatment, or due to the initial illness itself and it becomes apparent that a patient will not survive.

In some cases, a patient may be breathing only with the help of critical care equipment and will not regain consciousness or recover, despite all the efforts of the doctors and nursing staff. In these situations the doctors may need to discuss the appropriateness of further treatments or whether these will simply prolong suffering and delay an inevitable death.

Doctors are often able to warn those concerned that their loved one may die and provide details of their condition. When this occurs, the focus of care will be changed to one of provision of comfort and analgesia over that of the prolongation of life. The invasive monitoring and invasive organ support will be withdrawn in a controlled manner. Family members and friends can be with their loved ones during this process.

It is possible to spend time with your loved one after they have died. This may be in the critical care area or in the mortuary viewing room at the hospital. Nursing staff will be able to advise you of any formalities that are required at this time.

A sudden illness, or injury, or death of a loved one can be emotionally and physically draining. The death of someone close can leave feelings of anger, numbness, tiredness and helplessness as well as deep sadness. Coming to terms with your loss can be a long process and it is perfectly natural for the grieving process to take time. Family and friends can be a great source of support but you may wish to contact one of the organisations listed in the section 'Sources of help'.

Organ donation

It may be possible for a patient who has died to become an organ donor. Organ donation is frequently an option if a patient who is on a ventilator is pronounced dead as a result of 'brain-stem death'. This is a term used to describe death of a patient whilst still on full life support.

It may also be possible for body tissues to be donated within 24 hours of death. Some people find that organ or tissue donation is something positive that can be gained from a terrible situation, particularly if they know it is what their loved one wanted. The staff are there to talk to you about the possibilities of donation.

Visiting times

Recommended times to visit are 11:00–20:00

Please press the intercom, staff will answer and let you in as soon as possible.

In the waiting areas there are vending machines for drinks and snacks.

Useful telephone numbers

Queen Elizabeth Hospital Birmingham (switchboard) 0121 627 2000

For patient enquiries:

Unit	Bed numbers	Direct Line
Unit A		
Base A1	Beds 29–24	0121 371 6325 or 0121 371 6324
Base A2	Beds 23–18	0121 371 6328 or 121 371 6329
Base A3	Beds 1–10	0121 371 6330 or 0121 371 6331
Base A4	Beds 11–17	0121 371 6332
Unit B		
Base B1	Beds 19–24	0121 371 2819 or 0121 371 2820
Base B2	Beds 13–18	0121 371 2823 or 0121 371 2815
Base B3	Beds 1–12	0121 371 2814 or 0121 371 2815
Unit C		
Base C1	Beds 19–24	0121 371 2574 or 0121 371 2575
Base C2	Beds 13–18	0121 371 2578 or 0121 371 2579
Base C3	Beds 1–12	0121 371 2571 or 0121 371 2572
Unit D		
Base D1	Beds 19–24	0121 371 2808 or 0121 371 2806
Base D2	Beds 13–18	0121 371 2805 or 0121 371 2806
Base D3	Beds 1–12	0121 371 2803 or 0121 371 2804

If possible please do not ring for general patient enquiries between 07:30–08:30

- Critical Care Follow Up Support Service 0121 371 2830
(Please leave a message on our answer machine if we are not in the office or contact us via our email address: CriticalCareFollowUp@uhb.nhs.uk)

- Patient Advice and Liaison Service 0121 371 3280
- Bereavement Care 0121 371 2450

Catering for patients and visitors

The food provision in the new Queen Elizabeth Hospital Birmingham is as follows:

- Dining area (Restaurant Level 2) is open to staff and visitors from 07:30–20:00, seven days a week offering a variety of hot and cold beverages and food. Exit the lift on Level 2 and follow the signs
- There are vending machines at various locations throughout the hospital

The Trust provides a scheduled patient catering service for all inpatients at all times. Scheduled meals and/or snacks will be delivered according to agreed schedules on the critical care units. Where requests are made outside these hours through the catering helpdesk, the Trust will supply inpatient meals by Snack box or Light bite.

Sources of help

The Samaritans is a listening service for anyone who is experiencing emotional distress. They can be contacted 24 hours a day on 08457 909090.

Website: www.samaritans.org

Headway – The Brain Injury Association

Headway has more than 100 support groups throughout the UK and a growing number of Headway Houses offering day care for head-injured adults and respite for their carers.

Booklets about various aspects of head injury can be obtained from their online shop: www.headway.org.uk/shop.aspx or by calling 0115 924 0800.

Helpline: 0808 800 2244 (open 10:00–17:00, Mon–Fri)

Fax: 0115 958 4446
Minicom: 0115 950 7825
Email: helpline@headway.org.uk
Website: www.headway.org.uk

The Stroke Association, Stroke Information Service

The charity provides high quality, up-to-date stroke information for stroke patients, their families and carers.

Contact details:

Stroke Information Service, Stroke Association, Life After Stroke Centre, Church Lane, Bromsgrove, Worcestershire B61 8RA.

Stroke helpline: 0303 303 3100 (open 09:00–17:00, Mon–Fri).

Website: www.stroke.org.uk

Brake – The road safety charity

Brake publishes a series of guides focussing on care following a bereavement in a road crash, including 'Coping with grief when someone you love is killed on the road' and 'Procedures following a death on the road in England & Wales'.

For copies of these guides call the Brake helpline: 0845 603 8570

Further information can be found on their website www.brake.org.uk.

The Compassionate Friends

The Compassionate Friends is a nationwide organisation of bereaved parents offering understanding, support and friendship to others who have lost a child. They provide leaflets, a newsletter and a postal library, and can put people in touch with local contact and support groups.

Contact details: The Compassionate Friends, 14 New King Street, Deptford, London, SE8 3HS

Tel: 0845 123 2304 (10:00–16:00 & 19:00–22:00, 365 days a year)

Email: info@tcf.org.uk

Website: www.tcf.org.uk

Other useful contacts

- Organ Donor Line 0300 123 23 23
www.organdonation.nhs.uk
- Meningitis Research Foundation 0808 800 3344
www.meningitis.org
- Spinal Injuries Association 0800 980 0501
www.spinal.co.uk
- British Heart Foundation 0300 330 3311
www.bhf.org.uk
- Cancer Research UK 0808 800 4040
www.cancerresearchuk.org
- Macmillan Cancer Support 0808 808 0000
www.macmillan.org.uk
- Relate 0300 100 1234
www.relate.org.uk
- Travel Line West Midlands 0871 200 2233
www.travelinemidlands.co.uk
- Birmingham Social Care
www.birmingham.gov.uk/info/20018/adult_social_care_and_health
- Ring and Ride 0121 327 8128
www.ringandride.org
- Intensive Care After Care Network (I-CANUK)
intensivecarenetwork.com

If your loved one has died

- Cruse Bereavement Helpline 0808 808 1677
www.cruse.org.uk

Critical Care

Level 2, Queen Elizabeth Hospital Birmingham
Mindelsohn Way, Edgbaston, Birmingham, B15 2GW

Telephone: 0121 627 2000

Trust website: www.uhb.nhs.uk