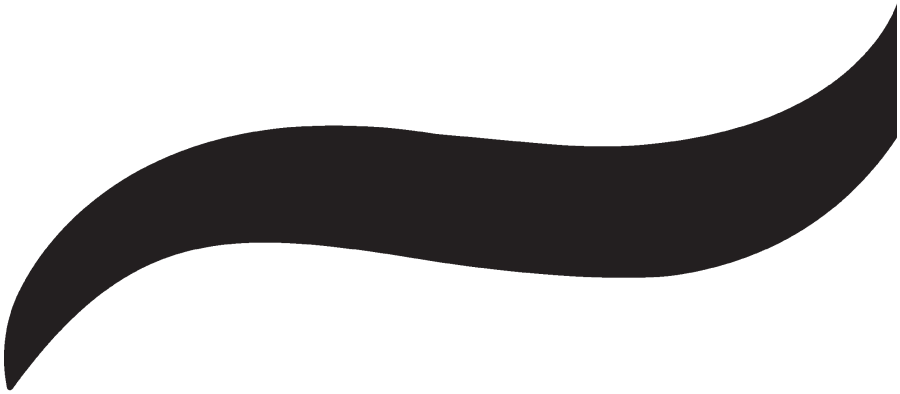
Your relative is in Intensive Care after a cardiac arrest

Information for carers
Anaesthetics



Your relative is being looked after in the Intensive Care Unit (ICU) after their heart stopped beating. This is called a cardiac arrest. We know that this is a really difficult time for you. We are here to support you and your relative.

The ICU team will have told you what has happened and what to expect in the days ahead. This leaflet is to help explain and remind you of some of this information. It is a general guide to the care we give but every person is different. We will give the right care to your relative to meet their needs.

The medical and nursing team are always here to answer your questions. We will explain what is happening to your relative. You will also find contact details at the end of the leaflet.

What is a cardiac arrest?

Your relative is in the ICU after they had a cardiac arrest outside of the hospital. This means that their heart stopped beating for a period of time. There are a few reasons why people have a cardiac arrest. The most common reason is a heart attack. The treatment they have had already means their heart has started beating again. They now need care in the ICU. This gives us time to see how much damage there is from the cardiac arrest. It also lets us see how your relative responds to the treatment we give them.

What problems may your relative experience?

When someone's heart stops beating, blood stops flowing to the brain. The brain needs a constant supply of oxygen. Even short periods of time with no oxygen can cause damage. The first damage can happen from lack of oxygen during the cardiac arrest. More damage can then happen due to swelling on the brain.

It can be difficult to know the level of damage to the brain straightaway. In the first few days we will do tests to look for damage. We will also give support to your relative and try and stop or reduce further damage.

Lack of blood supply and oxygen can also damage the heart. Heart doctors (cardiologists) can sometimes treat heart attacks. They have a procedure to help clear blockages and improve blood supply. They will already have done this for your relative if it would help them. We can also give drugs to try and help the heart recover.

The cardiac arrest can also damage other organs like the kidneys. We have drugs and machines to help support them too.

What will we do to help support your relative?

We will care for them in the ICU.

We will support their body and try to stop further damage to the brain. We cannot change any damage that has already happened.

For the first day or so we give drugs to keep them asleep. We cool them down to avoid fever. We help them breathe with a tube in their mouth. We attach this to a breathing machine called a ventilator. We make sure they have nutrition, fluids (hydration) and personal care while they are asleep.

After this, we normally stop the drugs and see if your relative wakes up.

What will happen next?

Some people wake up quickly which is good news.

If your relative does not wake up quickly, we wait and do more tests. These help us work out how much damage the brain may have had. Unfortunately, sometimes the damage is very serious. If this is the case, we may need to talk to you about making some difficult decisions.

What tests do we do?

- Examination by a doctor. We stop the drugs that keep them asleep and see if they wake up. We also see if they can follow simple instructions.
- Blood tests. We do a blood test that can show levels of brain damage. If the level is high, it is a sign of more serious damage. If the level increases this is also a worrying sign.
- CT scans. We sometimes scan brains to look for signs of damage. It is important to know that scans are just pictures. Normal scans do not mean there has been no damage. It could mean that we just can't see the damage on the picture.
- Other tests (EEG). We look at the electrical activity of the brain. This is called an EEG. We also look at the results to see if your relative has had seizures (fits). If we see seizures, then there is more likely to be serious damage.

We will explain these test results to you. We will also explain the chances of your relative waking up normally.

- **If the level of damage to the brain is unclear.** We will keep on supporting their body with life support machines. We will keep trying to wake them up.
- **If there has been serious damage.** We will talk with you about what is best for your relative. This may mean that your relative will not wake up. The team looking after your relative will talk to you about this. They might talk to you about stopping the life support machines and allowing your relative to die peacefully.

Unfortunately, only around 1 in 2 (50%) patients in the ICU after an out-of-hospital cardiac arrest survive to go home.

When your relative arrives with us, we don't know for certain what will happen. We will look after them with the best care we can.

Where can you get more support?

We know that this is a very difficult time for you. We are very sorry that your relative has had a cardiac arrest. You may be in shock or struggling to understand what has happened.

The medical and nursing staff are always happy to answer any questions. We will keep explaining what is happening to your relative in detail.

Chest Heart & Stroke Scotland also offer a free and confidential Advice Line Service. Their team provide a qualified, supportive listening ear to relatives, patients and people who may have been involved in or witnessed CPR.

Chest Heart & Stroke Scotland: Freephone: **0808 801 0899**

Email: **adviceline@chss.org.uk** Text: NURSE to 66777
(standard rates apply)

KEY POINTS

- This leaflet was made to support what you have been told by the ICU team.
- It is a general guide to the care we give on the ICU, but every person is different. We adapt the care for your relative to suit their needs.
- Please contact us at any time if you want an update or more information about your relative.
- The contact number for our Intensive Care Unit is: 01355 585662.

We welcome all feedback and would be grateful if you have any suggestions or feedback on this leaflet. A feedback form is available from this QR code.

This leaflet was developed by Dr Holly Eadsforth (Anaesthetics ST6), supervised by Dr Tina McLennan (ICU Consultant), with support from the Hairmyres ICU team.

We adapted this leaflet from a version written by Dr Andrew MacDuff (Consultant Intensive Care and Respiratory Medicine at Royal Wolverhampton NHS Trust). We are grateful for his permission to use and modify the content.

How we keep your health information secure

NHS Lanarkshire take care to make sure that only people who are allowed to can access your personal information. Our staff have a legal duty to keep information about your health safe, secure and private.

If you want to learn more about how we do this, you can visit our website at **https://www.nhslanarkshire.scot.nhs.uk/data-protection-notice** You can also ask a member of staff for a copy of our Data Protection Notice.

NHS Lanarkshire - for local services and the latest health news visit www.nhslanarkshire.scot.nhs.uk

NHS Lanarkshire General Enquiry Line: 0300 30 30 243

NHS inform - The national health information service for Scotland.
www.nhsinform.scot
Tel No: 0800 22 44 88

For NHS staff only -

For advice on how to get a leaflet translated for your patients, please contact: **patientinformation@lanarkshire.scot.nhs.uk**

For patient letters, records etc. please email: **translation.services@lanarkshire.scot.nhs.uk**

We may use Copilot to assist in the production of patient leaflets where appropriate.

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