

Rehabilitation Information

Improving Safe Personal and Effective Care



Safe | Personal | Effective

Your personal details

Name: _____

Date of birth: _____

NHS no: _____

Department Contact Details

Acute Occupational Therapy and Physiotherapy Service

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Tracking your recovery

This booklet has been created to give you a framework to use with your clinical team, and your loved ones, to support your recovery after being critically ill.

Life after severe illness can be challenging, and it can feel like a series of stepping stones to feel 'normal' again. The process of recovery will take time, effort and energy for you and your family. Remember to give yourself time to adapt, change, recharge and support yourself or your loved ones through this process. If you feel you require further support there is a list of contacts and resources at the back of this booklet.

It is important not to be worried about the amount of information in this booklet - please use it as a resource to pick out the areas where you may require some information, reassurance and advice. You will be guided to the right sections that apply to you, as some sections may not be appropriate for you.

You should try and keep yourself motivated; sometimes this can feel very hard and there may be days where you feel like you haven't made any progress - this is normal. The healthcare professionals along your rehabilitation journey will work with you to set up an individualised rehabilitation plan and goals, to facilitate your recovery process.

Common problems during and after a critical illness

Individuals are likely to have different problems due to the impact of critical illness.

Below are some of the common problems you may experience during or after the illness. Each individual's recovery journey is different.

Physical:

- Muscle weakness
- Reduced mobility
- Reduced physical fitness
- Joint pain or stiffness
- Breathlessness
- Skin sores or wounds
- Phlegm (sputum)
- Fatigue
- Swallowing difficulties
- Loss of appetite
- Changes in bladder and bowel function

Psychological/Emotional:

- Confusion (sometimes referred to as delirium)
- Feeling frightened or anxious
- Thinking and memory problems
- Anger and irritability
- Low mood

If you experience any of the above symptoms and would like advice, please discuss them with your healthcare professional.

What is rehabilitation and why is it important?

Rehabilitation is the process of recovering from an illness, injury or surgery. It improves exercise tolerance, muscle strength, managing breathlessness, and may reduce the length of time you spend in hospital, or recovering from your illness.

Early rehabilitation is very important as it can also help bowel function, bone density, exercise tolerance, muscle strength, blood pressure, breathing and sputum clearance. Exercise is important after being unwell. Even when you don't feel well or are feeling tired, getting out of bed and engaging in normal daily activities is very important - you will be encouraged to do what you can for yourself.

What can I do?

- Get up at a normal hour
- Complete routine daily tasks where possible, such as having a wash, brushing your teeth, getting dressed
- Sit out in your chair for meals
- Fill out your exercise diary
- Open the blinds and windows during the day
- Try to orientate yourself to day and time

Whilst you were ill your body used energy that was stored in your muscles, and it will take time to build up those stores again.

Some of the benefits of exercise include:

- Strengthening your heart and lungs
- Rebuilding the muscle you lost during your illness
- Reducing stress
- Improving your sleep quality
- Improvement in your joints
- Building confidence

Exercise under the guidance of your physiotherapist will help you to regain strength, function and will increase your exercise tolerance. If you have specific needs these will be discussed and an exercise programme designed for you.



Setting your goals

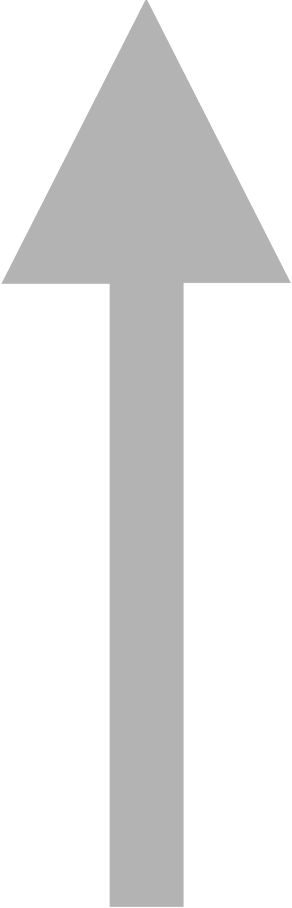
It is important to be patient and stay positive! Setting realistic goals can help you feel a sense of achievement and see your progress. When setting goals, ensure that they are split into manageable chunks. Your therapist(s) may discuss some examples with you. Please use this rehabilitation booklet to try and keep track of your progress and milestones.

Date: _____

My main goal is to: _____

To get to my main goal, I need to: _____

Use this page to insert your own personalised goals to track your progress.
There are some examples below to get you started.

	MY GOALS	ACHIEVED DATE
		
	Washed myself	
	Transferred out of bed	
	Sat on the edge of the bed	

Breathlessness

Breathlessness is a very common symptom for people who have been critically unwell. Everyday activities such as walking, washing or household tasks can make you feel breathless, and being breathless can make you panic or feel frightened.

Below are some techniques that your therapist may teach you to help you to manage your breathlessness:

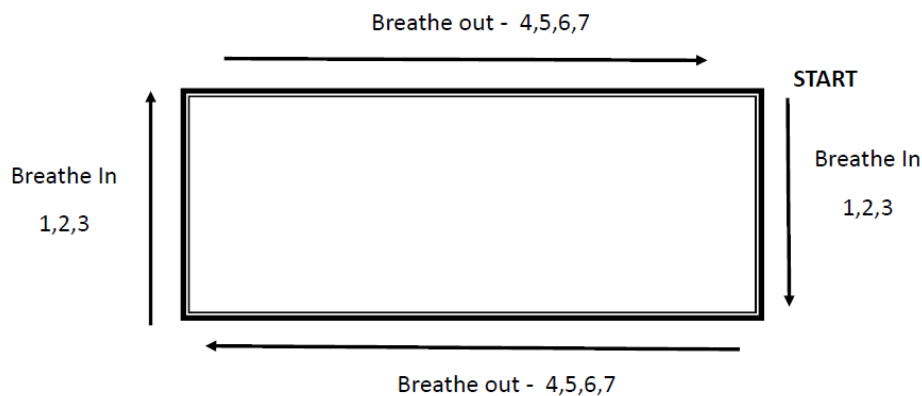
Relief of breathlessness:

- Stop speaking and moving, give yourself time to recover your breath
- Choose a position which will make it easier for you to breathe (examples on page 8)
- Use breathing control (as described on pages 9 and 10)
- Gradually try to make your breaths slower and deeper
- Find a distraction - it may help to focus on a picture, or view from a window

Breathing techniques

Rectangular breathing:

Look at a rectangular picture, window or screen. Focus on one corner as you breathe in. Then breathe out as your eye moves along the rectangle to the next corner. You can use a TV, picture frame or window frame as a visual aid. Follow the rectangle by counting in your mind before moving along the arrows.



Pursed lip breathing:

- Breathe in gently through your nose
- Breathe out with your lips pursed as if you are whistling
- Try to blow out as long as comfortable, do not force your lungs to empty

'Blow as you go':

- Breathe in before you make the effort
- Breathe out whilst making the effort (e.g. as you lift an object)
- Always breath out on the hardest part of the action

Positions of ease

These different positions can help to ease breathlessness. Your physiotherapist will help you to choose the right position for you, and when to adopt this position.



High side lying:

- Lie on your side
- Use multiple pillows under your head and shoulders
- Bend your knees a little



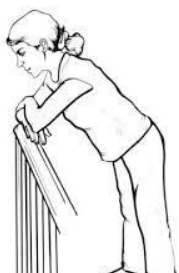
Supported forward sitting:

- Sitting upright, lean forward on to a table
- Add as many pillows as required



Forward sitting:

- Sit leaning forward
- Rest your forearms on your knees
- Relax your chest and shoulders



Supported standing:

- Stand leaning forward and use a chair, bench or wall for support
- Relax your chest and shoulders

Sputum clearance techniques

Coughing up sputum (phlegm) can be a normal respiratory symptom of critical illness. For patients that are unwell and weak it may be difficult to cough up sputum. It is important to clear this from your airways to improve your breathlessness and oxygen levels. The technique below can help with this.

Active Cycle of Breathing Technique (ACBT)

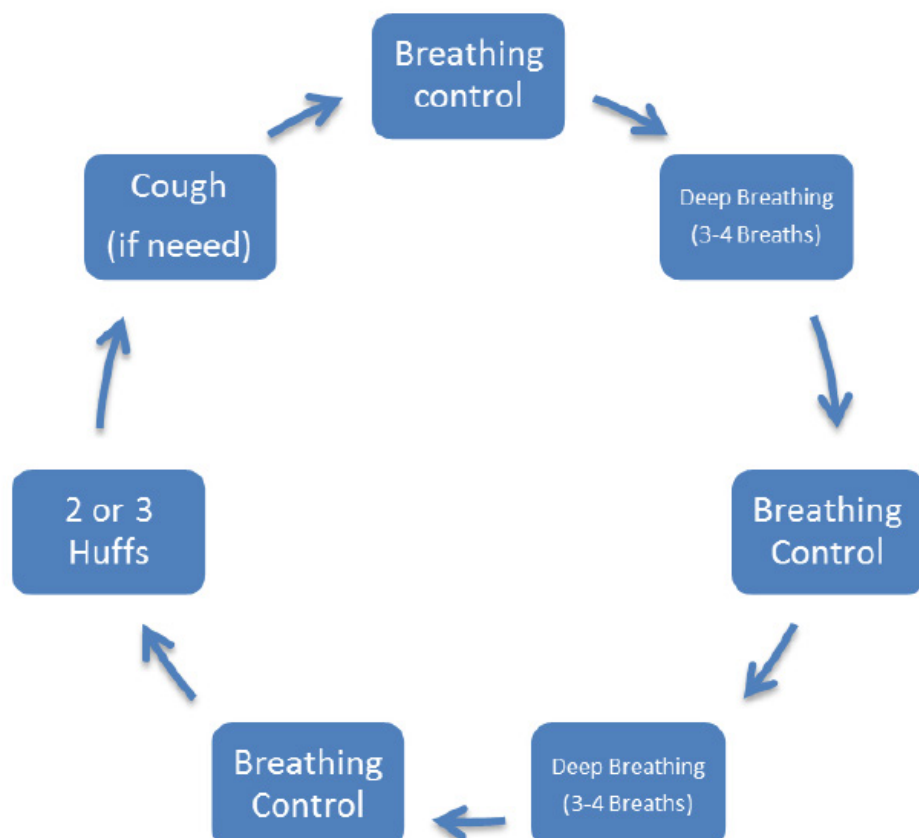
The Active Cycle of Breathing Technique is a set of breathing exercises that can be used to help you clear sputum from your chest. Coughing alone can be tiring and ineffective, so the ACBT is designed to:

- Loosen and clear sputum
- Help you breathe more easily
- Improve the efficiency of your cough
- Reduce the risk of chest infection

You can use this method of breathing in whatever position you find comfortable, or seems to clear the most sputum. Make sure the position you use is comfortable and has your head, neck and arms well supported, with your shoulders relaxed down. Your physiotherapist may advise you of specific positions to try.

Another effective way of clearing sputum is engaging in activity - this will be guided by your physiotherapist.

Stages of active cycle of breathing



Breathing control

Breathing control is the part of the cycle to allow you to rest and relax your airways between the deep breathing and huffing. Breathing control can also help when you are short of breath, anxious or in a panic.

- Rest one hand on your tummy and allow your hand to gently rise when you breathe in and fall when you breathe out.
- Breathe gently in through your nose, if you can. If you cannot, breathe through your mouth instead. The breath out should be slow, like a 'sigh'.
- Try to let go of any tension in your body with each breath out.
- Try closing your eyes to help you focus on your breathing and relax.

Remember three R's:

RISE the tummy as you breathe in, **RELAX** the breath out, **REST** and wait for the next breath to come. One technique to achieve this is 'rectangular breathing' (see page 7).

Deep Breathing Exercises

Deep breathing is used to get the air in your lungs behind the secretions stuck in your small airways.

Take a long, slow, deep breath in, through your nose if comfortable, if not through your mouth. Breathe out gently and slowly through your mouth. Some people find it helpful to hold their breath for two or three seconds at the end of each breath in, before breathing out or to 'sniff' air in through your nose quickly at the end of the deep breath in.

Once you have completed the deep breathing exercises, go back to breathing control again to ensure your airways are relaxed.

Huffing

Huffing helps to move sputum up your airways by making it 'rattle'.

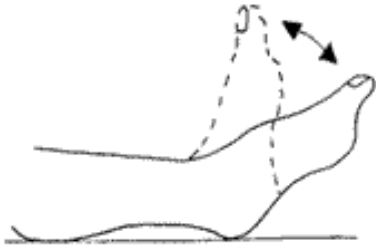
- Take a medium sized breath in
- Breathe out quickly with your mouth wide open, as though you are steaming up a mirror. Your tummy muscles should tighten when 'huffing'
- Repeat two-three times with breathing control in between each huff

If you are wheezing with each huff you may be huffing too hard or for too long.

Return to the start of the cycle and begin again if your lungs do not feel clear of sputum. Ensure you rest when you have completed three to four cycles before beginning again.

Physical exercise

Exercise has many health benefits, to enable you to recover after critical illness. Below are some exercises that can help to build muscle strength and ease joint stiffness. Your physiotherapist will guide you through the relevant exercises.



Ankle range of movement:

Move your ankle up and down.



Knee range of movement:

Slide your heel up and down the bed allowing your knee to bend and straighten.



Static quads:

Squeeze the back of your knees into the bed. Hold for five to eight seconds and relax.



Straight leg raise:

Squeeze your knee straight and lift one leg off the bed a few inches, hold for five-eight seconds and relax.



Bridging:

Put your feet flat on the bed with your knees bent. Squeezing your bottom, push your hips upwards. Hold for five to ten seconds and relax.



Hip flexion:

Lift your knee upwards slowly.



Knee extension:

Straighten your leg out in front of you, hold for five to ten seconds and relax.



Heel raises:

Lift your heels, keeping your toes in contact with the floor.



Sit to stand:

Practice 'sit to stand' from a chair, use your arms to push up with if you need to. Only do this if you have good standing balance and can transfer with minimal assistance. If in doubt, ask your nurse or physiotherapist to supervise you.

Top tips for exercising

1. Once you feel comfortable with the exercises in this booklet, your physiotherapist may progress your exercises to something more advanced.
2. Do not try too much too soon, 'listen to your body'. Your body has a great way of letting you know if you have done too much.
3. Use the BORG breathlessness scale to help guide your breathlessness levels (see page 13).
4. You will have good days and bad days - this is normal!
5. You should stop exercising straight away if you experience any of the following: severe chest pain, dizziness, chest tightness, feeling faint and seek medical advice.
6. Not all exercises need to be done all at once, break them down into manageable bite size chunks.

Breathlessness scale (BORG)

This is a scale that asks you to rate the difficulty of your breathing.
Please use the breathlessness scale below to monitor and guide you as you exercise.

A score of '**3 - Moderately breathless**' indicates that you are breathless but still able to hold a conversation, and this is what you should aim for when doing exercise. It is important to take regular rests and stop before you get too short of breath.

Shortness of Breath (Dyspnea) - Modified Borg Dyspnea Scale

0	Nothing at all
0.5	Extremely slight (just noticeable)
1	Very slight
2	Slight
3	Moderate
4	Somewhat severe
5	Severe
6	
7	Very Severe
8	
9	Extremely Severe (almost maximal)
10	Maximal

Getting back to everyday life

It can take a while before you feel like yourself again after a period of illness. How you feel and how long it takes for you to return to normal can depend on how long you have been ill, and the type of illness you have had. Everyone is different and may experience different difficulties.

This section is aimed at helping you take a graded approach to returning to your normal routine with the help of your Occupational Therapist.

Occupational Therapists promote health and wellbeing by improving a person's ability to complete **Activities of Daily Living (ADLs)**. ADLs are meaningful activities that we need, want, or are expected to do; for each person these will be different. It is important to realise that, engaging in activities of daily living (ADLs), is also a form of rehabilitation, just like physical exercises are.

Creating your own ADL rehab programme

Step One

Start off with three meaningful ADLs. Write them below:

Tip - keep them simple but think about what is important to you, such as making tea for your family.

1. _____
2. _____
3. _____

Step Two

Give each of these activities a credit rating based on the energy level required, to help you space them out during the day. Tick each credit to rate the activity, try this below:
(1 credit = low energy required, 5 = high energy)

Activity 1:     

Activity 2:     

Activity 3:     

Step Three

Now you know what you want to do and how much energy it takes, the next step is creating a timetable to include these ADLs, with rest time between each.

Step Four

At the end of each week review your plan and reflect on how you have felt whilst completing these ADLs. Ask yourself these questions at the end of each day and take note:

- How did you feel after each activity/ exercise?
- How did you feel at the end of the day?
- Did you think you could do more/less?
- Do you feel weak/strong/fatigue/energised/pain?
- Review these reflections and increase/decrease your task list as needed.
- Add one or two more tasks at a time and, again, continuously review this.

Remember - Always include ADLs that mean something to you, not what people expect you to do!

Activities of daily living and exercise rehabilitation diary

Complete your rehabilitation diary daily. To progress your workload (WL) when exercising, increase the minutes, sets, or repetitions. When exercising or doing an activity, you should experience a moderate level of breathlessness (see page 13, BORG score of 3) and your breathing should allow you to maintain uninterrupted conversation throughout.

Some examples of how to combine exercise and activities of daily living into our rehabilitation diary can be found on the following pages. Remember - you need to be mindful of pacing yourself and think about your levels of tiredness and breathlessness.



ADL/Exercise rehab diary example

Date: 16 June 2020

Goals today:

1. To sit out in chair
2. To get dressed
3. To improve my breathing techniques

How I feel when I wake up (breathlessness/BORG score):

BORG = 2 I feel energetic today

Day	Activity/Exercise	BORG
Wake-up	Read daily news, check your phone for messages or emails, brush teeth (ADL).	2
Breakfast	Phone your relative or video call to family or friends. Sit in chair. Eat a little bit more breakfast than yesterday.	3
Mid-Morning	Get dressed, brush hair, listen to music - relaxation. Try breathing exercises in the chair.	4
Lunch	Disconnect and enjoy lunch, watch television, read magazine or do a wordsearch.	1
Midday	Complete physical exercises. Think about happy memories.	3-4
Dinner	Video call family or friends.	2
Evening	Read a book, listen to podcast, listen to music. Plan your next rehab day.	1

How I feel in the evening? (breathlessness/BORG score):

BORG 1 - I feel tired but ready for my next rehab day.

Could I have done more/less?

I could have tried harder with my breathing exercises.

What am I going to do tomorrow?

I could add two more tasks to my daily routine.

Date:

Goals today:

- 1.
- 2.
- 3.

How I feel when I wake up (breathlessness/BORG score):

Day	Activity/Exercise	BORG
Wake-up		
Breakfast		
Mid-Morning		
Lunch		
Midday		
Dinner		
Evening		

How I feel in the evening? (breathlessness/BORG score):

Could I have done more/less?

What am I going to do tomorrow?

Fatigue Management

Fatigue is a normal part of the body's response after any serious or critical illness. It is likely to continue for some time after your illness, into your recovery. It can make you sleep more, feel unsteady on your feet, make standing for long periods difficult, as well as affecting your ability to concentrate and your memory.

It is normal to feel very tired or exhausted after a simple task, like getting washed and dressed, but this will improve in time as you start to do more and build strength in your muscles.

Some tips on how to manage fatigue are:

Rest

Make sure to rest when you are tired, for both your body and your mind. Switch off all technology devices. Try relaxation techniques, like listening to calming music.

Nourishment

Eating and drinking a good amount of nutrition will help give you energy and avoid dehydration. Try and keep to your normal routine where possible and eat little and often if you have a low appetite.

Move

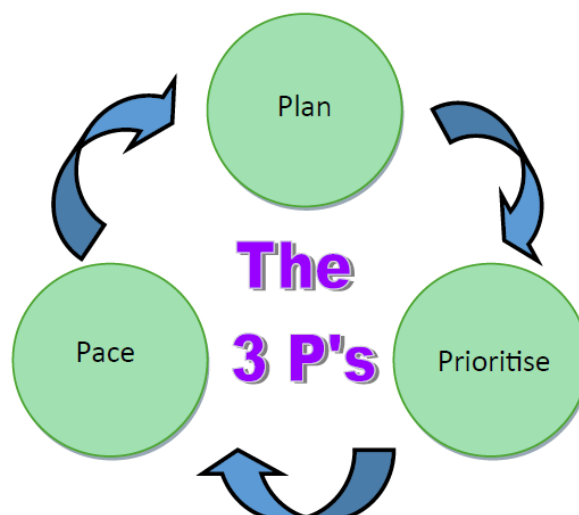
Keep moving where possible. Get up out of bed, sit in a chair, move around gently a few times a day. This will keep your body mobile. But keep activity levels low, as both physical and cognitive (thinking) activities use energy. Try to do only a small number of these a day, including washing and grooming.

Sleep

Sleep patterns can be interrupted if you are ill, as hospitals can be a noisy and bright environment. Consider using eye masks and ear plugs.

Energy Conservation

There are other ways you can manage your fatigue, such as pacing activities and conserving your energy where possible.



Plan

- Plan ahead to choose activities you need to do and spread them out throughout the day or week, rather than doing them in one go
- Collect all the items you need before you start a task, or ask someone to do this for you
- Position frequently used items in a place that prevents bending or reaching
- Ensure all hazards/clutter are removed so you don't have to remove them in the middle of the task
- Have a seat nearby for breaks. This will ease your nerves too, which can cause breathlessness
- You may get more done when family or friends are visiting and can help you
- Plan 30-40 minutes of rest breaks between activities

Prioritise

Some daily activities are necessary, but others aren't. Ask yourself the following questions to find out which of yours are necessary:

- What do I need to do today?
- What do I want to do today?
- What can be put off until another day?
- What can I ask someone else to do for me?

Top tips

- Don't hold your breath during any task
- Push or slide items, where possible rather than lifting them
- Bend with your knees rather than from your back
- Avoid awkward postures that may make breathing more difficult

Pace

Pacing yourself will help you to have enough energy to complete an activity. You will recover faster if you work on a task until you are tired, rather than exhausted. If you do exhaust yourself or go for the 'big push,' you will need longer to recover.

Remember:

- Do something for a set time
- Change your position or do something for a short while
- Break tasks down into smaller chunks
- Gradually increase the amount you do
- 'Pace up' by a set amount
- Don't be tempted to try to do more on a 'good day', remember - pace yourself

Psychological impact of illness

Being physically unwell has a psychological, emotional and physical impact. It can also impact on your memory and thinking.

Being severely unwell means you will probably go through a process of adjusting and recovery which may take time. You may have little or no memory of the events leading up to your admission or your time on intensive care which can be confusing. Waking up after being sedated in an unfamiliar environment can leave you feeling anxious and frightened. It is normal to have vivid and frightening hallucinations and nightmares which should subside over days or weeks. If you are struggling to manage or if you find that they continue for a prolonged period, please speak to a member of staff or your GP.

Anxiety

Anxiety is a normal reaction that helps us deal with difficult situations. Other words for anxiety might be 'nervous', 'scared', 'panicky'. Anxiety can cause worry and difficulty concentrating, and you can experience both physical and psychological symptoms.

Useful strategies to manage your anxiety

Breathing: When we are anxious or upset our breathing becomes more rapid. We can feel better by deliberately slowing and relaxing our breathing. Refer back to the breathlessness techniques on pages 7-10.

Grounding Statement: We can sometimes forget that we are safe in the present. It can be helpful to write a grounding statement to remind yourself that you are safe. You can read it if you become upset, such as "I survived and I am safe now".

Grounding Exercise: Sometimes in hospital, there is just too much time to think, our mind over-works, which isn't a helpful process. Grounding your mind to focus on the here and now is important. There are different ways in which we can ground our mood:

- Take three slow 'belly breaths'
- List five things you can see
- List four things you can feel
- List three things you can hear
- List two things you can smell
- List something you like to taste
- Take another three slow 'belly breaths'

Mind discipline: Close your eyes, think of a place where you enjoy being. Imagine every little detail - colours, sounds, scents, and the weather. If other thoughts come into your head, recognise them, and let them pass, bring your attention to back to your happy place.

Problem solving: Usually when you are anxious, you keep your thoughts to yourself, as you may not want to sound like we are overreacting. The thought of opening up to someone can be scary, but talking through a problem with someone can be useful. A different point of view often helps.

Low mood, anger and irritability

Low mood: Low mood might include feeling upset, tearful, hopeless, caring less about your appearance, withdrawing, not enjoying activities you usually like, or having thoughts about death or dying.

It can be useful to bring your attention to things that you enjoy or things that you have had success with, as people often disregard these when your mood is low. You can plan activities that give you a sense of achievement, enjoyment or closeness to others.

If your motivation is low, commit to an activity for just a couple of minutes. After a few minutes, you can choose to stop or continue (you might find that you want to continue). If you find low mood extends for more than a couple of weeks, please seek help as there are treatments available, including medication and talking therapy.

Anger and irritability: You may experience a sense of being more snappy or irritable than before. This is common and can be linked to the mind processing what has happened, fatigue and altered sleep.

Generally, feelings of anger will naturally settle as your recovery continues. It might be useful to think about what causes you to become angry and to also think about what helps to settle anger (exercise, relaxation and meditation can be useful). Some people find that slow, regular breathing for a short while helps, counting 1-2-3-4 when breathing in, and saying a relaxing word as you breathe out.

Delirium, thinking and memory

Delirium: Many people can experience delirium during/after illness, which is a state of confusion caused by a physical condition. Illness, surgery and medications can all cause delirium. It often starts suddenly and usually lifts when the condition causing it improves. It can be very frightening, with people not knowing where they are, what is happening, or what time it is. It is typically worse at night.

It is possible to experience flashbacks of events that may not have happened the way they are remembered in the flashback. These memories can feel very real, and may be very distressing.

Thinking: You might notice difficulties with memory, attention, processing speed and problem solving; ranging in severity from subtle to obvious. Factors which make people more vulnerable to these issues include lengthy critical care stay, delirium, mechanical ventilation, diagnoses of sepsis, acute respiratory distress syndrome (ARDS), older age, and pre-existing cognitive problems. This may impact on work, education, social life, driving, managing medication and finances. Things that can help include:

- Memory and planning supports, such as post-it notes
- A diary
- Using your mobile phone for reminders
- Allowing extra time for tasks
- Doing one thing at a time
- Always having your glasses and/or hearing aids with you (if you use them)

What is Post-Traumatic Stress Disorder (PTSD)?

PTSD is an anxiety disorder caused by very stressful, frightening or distressing events. Someone with PTSD often relives the traumatic event through nightmares and flashbacks, and may experience feelings of isolation, irritability and guilt. They may also have problems sleeping, such as insomnia, and find concentrating difficult.

The symptoms of PTSD can have a significant impact on your day-to-day life. The specific symptoms can vary widely between individuals, but generally fall into the categories described below.

Re-experiencing: This is the most typical symptom of PTSD. This is when a person involuntarily and vividly relives the traumatic event in the form of:

- Flashbacks
- Nightmares
- Repetitive and distressing images or sensations
- Physical sensations such as pain, sweating, feeling sick or trembling

Avoidance and emotional numbing: Trying to avoid being reminded of the traumatic event is another key symptom of PTSD. This can mean avoiding talking to anyone about your experience.

Many people with PTSD try to push memories of the event out of their mind. Some people attempt to deal with their feelings by trying not to feel anything at all. This is known as emotional numbing, which can lead to becoming isolated and withdrawn. If you feel you require further psychological support, please contact your GP.

Discharge home

Your consultant will be the person to declare you are medically well enough to be discharged from hospital. This decision will be made in close consultation with other members of the team who have been taking care of you during your recovery, including the nursing staff and the wider multidisciplinary team and a thorough risk assessment will be considered.

The support that you will require when you are discharged will vary depending on many factors including your personal circumstances, illness and length of hospital stay.

When you are ready to be discharged from hospital, your therapists will aim to review and update your exercise plan, according to your ability and progress. Recovery periods can vary from person to person, and how people transition from one recovery phase to another, this determines the length of time this takes. Sometimes, prolonged recovery periods can lead to anxiety and depression. For many patients, the recovery phase of their illness is the most stressful. The emotional impact of having been so unwell can last for some time, and it can take many months before you start to feel better.

The speed of your recovery can depend on lots of things. For example, how unwell you were, how fit you were before coming into hospital, and how well you are able to join in with the rehabilitation process.

Some may find the adjustment to being home an 'emotional roller-coaster' as it can be difficult to adjust to life without constant clinical care and support. This is where utilising the support available and engaging with the rehabilitation diary alongside family can help to take control of your own health and recovery.

Pacing

Pacing is a way of "increasing activity levels without stirring up fatigue too much"

Aim: To maintain an even level of activity throughout the day instead of a "boom and bust" way of managing. If you are required to self-isolate, this shouldn't prevent you from exercising at home, so try and motivate yourself the best you can.

How to use pacing

Work out what you can manage now

- Decide on a baseline - how much of your activity can you do on a good day and a bad day. This may take a couple of attempts to get it right.
- Do not compare yourself to others, or what you think you ought to be doing

Decide on a realistic build-up rate

- Too much too soon will make you overdo things
- Build up the task slowly and at a steady rate regardless of your fatigue

Write your plan down and record your progress

- Utilise the rehabilitation diary (pages 16-17) and the support of your family to help with this
- This will allow you to track your progress or if you're slipping back
- On a daily basis it can be difficult to remember things or how you were

Break tasks down into smaller bits

Take frequent breaks

- This does not mean stopping completely but allowing yourself longer time to complete tasks

Ideas for those exercising at home or self-isolating

- Walk across or around the biggest room or hallway
- Sit to stand repetitions, with or without arms for support
- Step ups, step on and off a bottom step, or side step ups
- Walk up and down a full flight of stairs
- Walk a lap of the house downstairs and/or upstairs, including your garden if it is safe

Remember to use the BORG scale (page 13) and work to a level of 3 (moderate intensity)

STOP AN ACTIVITY OR EXERCISING IF:

- You are unwell
- You feel tired
- You develop chest pain, dizziness or undue shortness of breath
- You feel an increase in chest tightness
- You experience joint or muscle pain

Managing your medicines

As part of your critical illness, you are likely to have received multiple medicines during your hospital admission. On Critical Care, patients often require sedation with strong drugs, through tubes in your neck. It is common to require medicines to support your blood pressure, blood sugars and treat any infection during your acute illness. Some drugs, particularly those used to prevent pain or put you to sleep, can linger in your body for several weeks and can have a considerable effect on your mood, perception, tiredness and general awareness.

It is completely normal to experience nightmares, hallucinations and low mood as these medicines clear from your system. You are encouraged to talk these through with your ward pharmacist, nurse or with the critical care nurse at your follow up appointment.

On discharge from hospital, you may find you need to take medicines you didn't take before. You may have questions relating to medicines which your hospital or community pharmacist can help you with.

You will be provided with a discharge letter before you leave hospital. This lists all your current medication, along with an explanation of any medicines which have been started, stopped or changed in hospital.

A copy of your discharge letter gets sent directly to your GP. You will be offered a referral to your preferred community pharmacy and may be offered a follow up consultation with your pharmacist if you have had changes to your medicines during your hospital stay.

If you require more intensive support with your medication you may be offered a referral to the medicines support team. If you feel this may be of benefit to you please ask the ward pharmacist for more information.

Eating, drinking and swallowing

Some people who have had critically unwell may experience difficulties with eating, drinking, and swallowing. This could be due to altered taste, reduced appetite, breathlessness and fatigue, muscle weakness, or, for some people, the need to be intubated whilst in intensive care.

You may have been seen by a speech and language therapist (SLT) in hospital who may have given advice on how to modify your diet/fluids, or provided strategies to make swallowing easier.

If you notice any of the following symptoms, please contact your GP who can refer you to the relevant team:

- Coughing or choking when eating or drinking
- A wet, gurgly voice quality after swallowing
- A sticking sensation in the throat when eating and drinking
- Frequent chest infections

Strategies that may make eating, drinking, and swallowing easier include:

- Making sure you are sat fully upright when eating and drinking
- Not eating or drinking if you're feeling extremely tired or breathless. Rest, and return to eating and drinking later
- Taking your time when eating and drinking. A 'little and often' approach may help
- Taking smaller sips or bites
- Opting for foods that do not need to be chewed as much, if you are becoming tired/breathless when chewing
- Avoiding talking when you are eating and drinking, as this can open up your airway and food can go down the wrong way

Communication and voice

'Communication' is a broad term and refers to the way we understand language, and interpret and produce speech, including the way our voices sound.

Many people who have been in hospital with COVID-19 are finding that they are breathless. Breathlessness can make their talking more difficult. Speech can be unclear if you are tired and the breath support is weak.

Coughing can make your throat sore and if you needed help with your breathing when you were in hospital, the tubes that were used can also irritate the lining of your throat. Intubation, ventilation and having a tracheostomy can leave your voice sounding rough, hoarse, or quieter than it did before.

COVID-19 can also affect communication - following and keeping up with conversations can feel hard, finding the right words, making errors when speaking, reading or writing. These changes can be largely associated with feeling tired and confused after being in critical care. If you are having difficulty with your voice, try to:

- Drink plenty of water and avoid caffeine and alcohol
- Avoid shouting or straining your voice
- Keep a good posture when speaking - sit in an upright position and open and push back your shoulders slightly
- Take a deep breath before you start talking
- Minimise how much you are talking, and try to speak in shorter sentences
- Minimise the amount of distractions and background noise
- If your voice sounds and feels tired, stop and take a rest

Symptoms should resolve as you recover but if you are experiencing difficulties with understanding other people's speech, forming your own sentences, producing clear speech or voice, then a Speech and Language Therapist (SLT) will assess this and support you to manage or rehabilitate these difficulties. Speak to your GP who can refer you onto your local Speech and Language Therapy team.

If your voice problems persist then you should speak to your GP and ask for a referral to Ear Nose and Throat (ENT). You can also self-refer if you have ongoing swallowing difficulties or communication changes, visit: www.elht.nhs.uk/services/speech-and-language-therapy

Mouth care

Sometimes individuals can experience a very dry mouth, with cracked and sore lips, particularly when in hospital. This is especially the case if an oxygen mask is needed. It is important to keep your mouth moist and clean to prevent bacteria building up and causing infections.

Make sure you:

- Drink plenty of fluids (water is best)
- Brush your teeth twice daily, or remove dentures and clean twice daily
- Use a lip balm to keep lips moist and prevent cracking

Nutrition

A good nutritional intake is important to help you recover from your critical illness. It is common to lose weight and muscle during your hospital admission and, making sure you have a balanced diet that meets your nutritional needs will give you the energy and strength you need to rebuild your mobility.

Balanced Diet

Following a balanced diet will help to ensure your body receives all the nutrients it needs to recover. The Eatwell guide can be used as a guide to what a balanced diet is.

The eatwell plate

Use the eatwell plate to help you get the balance right.
It shows how much of what you eat should come from each food group.



Fruit and vegetables

Fruit and vegetables are a good source of vitamins, minerals and fibre. They will help to support your immune system.

Aim for five portions of fruit and vegetables each day and choose items that are a variety of different colours, to make sure you get a range of different vitamins and minerals. You can choose fresh, tinned, frozen or dried fruit and vegetables, they all count towards your five a day. Consider taking a multivitamin and mineral supplement if you are struggling to manage your five a day.

Starchy foods

Starchy foods such as bread, rice, potatoes, cereals and pasta are a good source of energy. They provide energy, fibre, calcium and B vitamins. Choosing whole-meal versions of these foods will increase your intake of fibre which, along with drinking plenty of fluid, can help treat constipation.

High protein foods

These foods are an important part of a balanced diet, particularly if you have been unwell. They provide energy, vitamins and minerals and play an important role in improving muscle function and wound healing. Foods such as meat, fish, pulses and meat alternatives, such as soya protein, are included in this group.

Increasing protein intake:

- Try to include a portion of meat, fish, beans, soya protein or cheese at each meal
- Include higher protein snacks between meals or desserts; such as milky puddings, yoghurts, custards, cheese or nuts
- Use a high protein food 'topper' on your meals such as sprinkling cheese on baked beans or potatoes, adding crushed nuts to porridge, cereals or desserts or adding some high protein yogurt to cereals or fruit
- Use 'fortified milk' in your cooking, on cereals and in your drinks. To make fortified milk, add four heaped tablespoons of skimmed milk powder to a small amount of milk and mix to a paste then whisk into a pint of milk
- Include milky drinks between your meals such as making your coffee with warm fortified milk rather than water

Dairy or dairy alternatives

Milk, cheese, yoghurts and fromage frais are a good source of, energy, vitamins and calcium. There is no evidence that milky products increase the production of, or the thickness of mucus and, therefore, they can safely be included in your diet as you recover.

Poor appetite and weight loss

You may have lost weight whilst you have been unwell, or be continuing to do so or have a poor appetite. It is common for people to lose weight during periods of illness, when you are critically ill it is common to lose significant amounts of muscle mass. It is also common to have increased energy needs following both critical illness and a respiratory illness, so you may find you need to consume more energy and protein than you previously did to maintain your nutritional status. You may also find your appetite has reduced or you cannot manage the same portion sizes as before. The sections below provide advice about fortifying your diet. Please contact your GP or dietitian if you are struggling to eat or with your weight, for more advice.

Increasing energy intake

- Avoid low fat products, choose the full fat alternatives
- Add extra honey, jam, syrup or dried fruit to your cereal
- Add butter, cream or cheese to potatoes and vegetables
- Spread bread with thick butter and mayonnaise for sandwiches
- Include snacks between meals such as crisps, chocolate, yoghurts, cheese and biscuits, dried fruit and milky drinks
- Add cream to soups (tinned or homemade)

Eating when you are short of breath

Eating can be more difficult when you are short of breath.

- Eat smaller portions of meals and include snacks frequently between meals
- Choose softer, moist foods that are easier to chew and swallow
- Add extra gravy, sauce or mayonnaise to meals
- Take your time with meals
- Prepare meals in advance in bulk, if possible, to allow time to rest, after making meals, before eating
- Try to plan your meals for the times of the day you are less breathless
- Sit upright when eating try to avoid slouching or lying down whilst eating

Vitamin D

During isolation and recovery from illness you may not get enough time outside to produce enough vitamin D from the sunlight. Consider taking a vitamin D supplement – in the UK a supplement of 10 micrograms a day is recommended.

Useful contacts

Specific COVID-19 information

How long until I can go out again?

If you have been in hospital due to COVID-19 symptoms, please seek advice from ward staff regarding self-isolation on discharge.

Once home, you should self-isolate for 14 days after the onset of symptoms in order to minimise transmission. This is longer than the 10 days of isolation for individuals who remain at home with symptoms, since those admitted to hospital have higher viral loads at the time of illness. You may also want to visit the Government website for the latest guidelines: www.gov.uk/coronavirus

Coronavirus Community Assistance Directory

Find help in your community: www.coronavirus.scvo.org

Staying well whilst social distancing

www.rcot.co.uk/staying-well-when-social-distancing

Psychological wellbeing during COVID-19

www.mind.org.uk/information-support/coronavirus

Nutrition and dietary issues during COVID-19

www.bda.uk.com

Supporting your COVID-19 recovery

covidpatientsupport.lthtr.nhs.uk/#/

www.yourcovidrecovery.nhs.uk

Mind

NHS - Every Mind Matters

www.nhs.uk/oneyou/every-mind-matters

NHS Self Help Leaflets and App

web.nrw.nhs.uk/selfhelp

Psychology tools

Living with worry and anxiety amidst global uncertainty:

www.psychologytools.com/psychological-resources-for-coronavirus-covid-19

Free guide to living with worry and anxiety amidst global uncertainty:

www.psychologytools.com/articles/free-guide-to-living-with-worry-and-anxiety-amidst-global-uncertainty/

Mindfulness exercises

www.freemindfulness.org/download

Headspace

www.headspace.com

Improving lives of people affected by critical illness

www.icudelirium.org

Help with medicines

Refer to Pharmacy Service

<https://youtu.be/2fnmkEvGd1o>

Physiotherapy and rehabilitation

NHS Physical Activity Guidelines for older adults

Downloadable leaflets of exercises to help flexibility, strength and balance:

www.nhs.uk/live-well/exercise/physical-activity-guidelines-older-adults

The Association of Chartered Physiotherapists in Respiratory Care

Leaflets that you may find useful on, how to cope with being short of breath, energy conservation and breathing exercises:

www.acprc.org.uk/publications/patient-information-leaflets

Integrated Neighbourhood Team (INT) in East Lancashire

Undertake coordination of care and communication between health and social care (including GPs), you, your family and carers; supporting you to manage your condition or any concerns you may have, through points of contact.

Single point of contact, for persons registered with a GP in East Lancashire, who are recovering from COVID-19 and referred to INT:

01282 803543 | Core Service Hours: 9am - 5pm, Monday to Friday

Note: This service is only available to East Lancashire residents **excluding** Blackburn with Darwen.

General contact information

Asthma UK

0300 222 5800
www.asthma.org.uk

The UK Sepsis Trust

0845 606 6255
www.sepsistrust.org

British Heart Foundation

0300 330 3311
www.bhf.org.uk

Headway

0808 800 2244
www.headway.org.uk

Spinal Injuries Association

0800 980 0501
www.spinal.co.uk

Citizens Advice Bureau

0344 411 1444
www.citizensadvice.org.uk

The Colostomy Association

0800 328 4257
www.colostomyassociation.org.uk

Samaritans

08457 90 90 90
www.samaritans.org

Diabetes UK

0345 123 2399
www.diabetes.org.uk

Cruse Bereavement Care

0844 477 9400
Young Person: 0808 808 1677
www.cruse.org.uk

Macmillan Cancer Support

0808 808 0000
www.macmillan.org.uk

Local Carers Service

Blackburn with Darwen:
www.bwdcarers.org.uk
or
East Lancashire:
www.carerslinklancashire.co.uk

Meningitis Now

0800 8010 388
www.meningitisnow.org

Looking after family or friends after they leave hospital?

Family or carers play an important role after the person leaves hospital.

A Leaflet with useful advice for family and friends of people needing ongoing care or support with day to day life: www.gov.uk/government/publications/looking-after-friends-or-family-when-they-leave-hospital-leaflet

If you require this **document** in an alternative format or language, please contact 01254 734119

Polish

W celu otrzymania tego **dokumentu** w innym formacie lub języku, prosimy o kontakt z

Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਕਿਸੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੋੜੀਂਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ

Urdu

اگر آپ کو اس **دستاویز** کی ایک متبادل شکل (فارمیٹ) یا زبان میں ضرورت ہے تو براہ مہربانی رابطہ کریں

Bengali

আনি যদি এই **প্রচারপত্রটি** অন্য কোন আকারে বা অন্য ভাষায় চান, তাহলে যোগাযোগ করবেন

Romanian

Dacă aveți nevoie de acest document într-un format sau limbă alternativă, vă rugăm să contactați

Lithuanian

Norint gauti šį **dokumentą** kitu formatu ar kita kalba, prašome susisiekti su mumis

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Safe | Personal | Effective