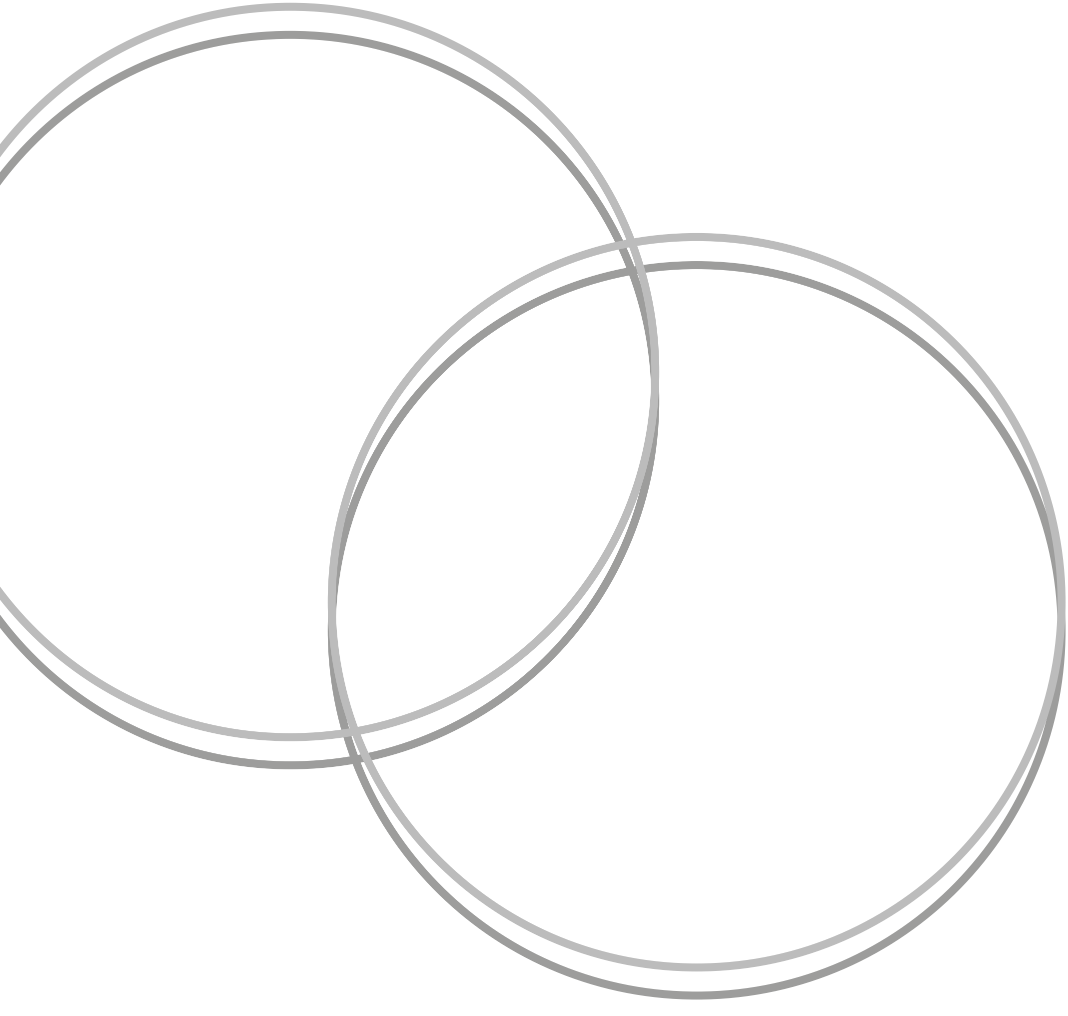
NHS
Oxford University Hospitals
NHS Foundation Trust

Paediatric critical care

Information for patients, parents and carers



Welcome to our Unit

We have approximately 18 beds in total. Intensive Care and High Dependency Care patients are cared for in separate rooms, as they have different environmental needs.

We treat children from birth to adolescence with a wide variety of conditions; they may need close observation and monitoring and more intensive intervention. We use a lot of equipment and our patients are attached to sensitive machines that often sound alarms. Our staff understand these and know what to do. The equipment around your child may appear daunting at first, but you will soon understand what it all does. If you want to know what a piece of equipment is for, please just ask.

Telephone numbers

(Paediatric) Intensive Care Unit (PICU):
01865 220 632 or **01865 220 633**

(Paediatric) High Dependency Unit (PHDU):
01865 221 267 or **01865 221 875**

Please feel free to call us at any time, day or night, for an update on your child. We are not allowed to give out information to other family members or friends without your permission.

You will be asked to set up a password to clarify the ID of anyone you are happy to share information with.

How to find us

Paediatric Critical Care is on Level 3 of the Oxford Critical Care Building. OCC is between Trauma and the main JR building. It can be accessed via a link corridor from the main hospital on Level 1.

Car parking / travel

Parking is Pay and Display. A free permit is available for parents or carers with a child in Critical Care. Once you have a permit you may park in the staff car parks.

The postcode of the hospital for your Satnav is OX3 9DU.

For detailed transport information please see our website www.ouh.nhs.uk or pick up a copy of ‘Information for patients – John Radcliffe Hospital’ from Level 2 main reception or volunteer help desk.

Unit philosophy

- We will provide a safe, caring environment for critically ill children and their families.
- We will maintain the highest standards of nursing care.
- Our nurses will be advocates for our patients and their families.
- We will give all children and young people in our care dignity, privacy, support and love.
- We will protect children’s rights, in accordance with the United Nations Convention on the Rights of the Child.
- We will provide a supportive learning environment for students and new staff.

Staff

Our nursing staff work 12 and a half hour shifts.

Day shift: 7.30am to 8.00pm

Night shift: 7.30pm to 8.00am

At changeover times nurses are busy handing over the care of your child to their colleagues. Please be patient with them, to allow them to concentrate and communicate the needs of your child effectively.

There is always a Senior Nurse on duty. All staff members have name badges, and there are staff photo boards at the entrance. If you are unsure whom you are speaking to, or who is examining your child, please do ask them or ask the nurse looking after your child.

The complete care of your child may include other hospital staff such as Physiotherapists, Pharmacists, Radiographers, Psychologists, Dietitians, Social Workers and Play Specialists.

Paediatric Critical Care actively participates in many research studies. You may be approached by one of the Research Nurses about recruiting your child into any relevant studies being carried out on the unit.

Ward rounds

The Critical Care doctors do a ward round with the Consultant twice a day and plan your child's care; this is often away from the bedside. After this, the Consultant and Registrars may examine your child.

There may be multiple medical teams caring for your child; our Critical Care team and other specialist Paediatric teams. They may also be under the care of a Clinical Nurse Specialist. Specialist ward round times vary.

Visiting

We only allow 2 visitors per patient on the unit at any one time. Parents can visit at any time day or night. We ask that other vistiors visit during the daytime only (up until 8pm). Due to limited space, we ask that other visitors wait in other areas of the hospital, such as the canteen. Siblings of patients can visit but must be supervised by an adult at all times.

These visiting restrictions may be relaxed in exceptional circumstances.

These visiting restrictions may change at any time, depending on the current community Covid rates and government guidance at the time.

If your child is COVID positive on admission, and they require any kind of ventilation to help with their breathing, they will be admitted into one of our side rooms. The nurses and doctors will wear special Personal Protective Equipment (PPE) when caring for and examining your child. In these circumstances, you may not be able to visit your child.

- Please do not open the door for people or allow people to follow you in to the Unit for security reasons.
- Please take off your coat before coming into the Unit; wash your hands, use the lockers provided for handbags and valuables.
- We have limited space in the parents’ waiting area, so please be respectful of others.
- To ensure the safety or dignity of another patient, we may sometimes need to ask you to wait in the parents’ waiting area; please be patient with us – we will allow you back in as soon as we can.
- You will also be asked to leave your childs’ bedside during the doctors morning ward round between 9am and 11am. This is to ensure the confidentiality of all patients. The doctors will come round and update you individually later on during the day.

- Please wash your hands and use the hand gel every time you come on to the Unit, as children who need critical care are very vulnerable to infection.
- Please use the parents' waiting area when making calls on your mobile, and be respectful of other patients if your child is making video calls. We offer free WiFi; please ask the nurse how to log in.
- **Please do not take photographs or videos of staff or other patients.**
- Where possible, please keep to your own child's bed space to limit the risk of cross-infection.

There is an element of flexibility in the above rules for exceptional circumstances: please discuss with the nurse in charge if you need further support.

Accommodation

There are no facilities for family members to sleep at the bedside or on the Unit, but there is a Ronald McDonald House facility within the hospital grounds. They will do their best to accommodate you.

Ronald McDonald House Oxford
Woodlands Road, Headington
Oxford
Oxfordshire
OX3 7RH

Telephone: **01865 972 190**
Email: Oxford.enquiries@uk.mcd.com

If Ronald McDonald House has no room, or if you arrive late at night, we have two emergency rooms on Level 8 of the main John Radcliffe Hospital. These offer basic washing and sleeping facilities for a short stay.

Every parents’ room has a telephone, so if your child needs you overnight we will call and ask you to come down to the Unit.

The local area

A list of where to buy food, drinks and snacks is available on the unit. Alternatively, London Road, Headington, is a 10 to 15 minute walk from the John Radcliffe Hospital, and has a wide variety of supermarkets, shops, coffee bars, restaurants and takeaways.

Support

Psychological support is available and recommended for all patients and families in Critical Care. There are also many support groups. Please ask the nurses for details.

Suggestions

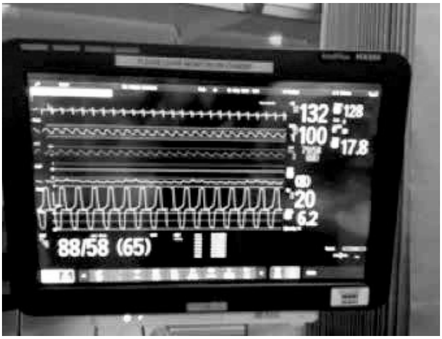
If you have any concerns or suggestions during your child's stay on Critical Care please speak to the nursing staff. If they can't help, they will put you in touch with someone who can.

Top tips from families who have experienced Paediatric Critical Care:

- Eat regularly – even if you do not feel like it
- Drink plenty of fluids – the environment is very dry
- Allocate a family spokesperson who everyone calls for updates – so you do not have to repeat yourself
- Go for a walk – even just in the corridor for a few minutes
- Take breaks – even short ones
- Try to go to bed at night – your child needs you more in the daytime
- Have a notepad and pen – so you can write down questions as you think of them
- Keep a diary – speak to your nurse for ideas
- Bring in toys/blankets – label these with your child's name
- Avoid focusing on the monitor all day – let the nurses worry about the numbers
- Don't feel pressured to do/not do things – let the nurses know what you feel comfortable doing whilst your child is in Critical Care
- Speak to other families – you are all great support to each other
- Avoid searching the internet – websites are not always reliable or accurate; ask your nurse to recommend some websites
- Ask questions – no question is a silly question
- Talk to your child or read stories – even if they are sedated, they may well hear you.

Understanding Paediatric Critical Care

Monitoring



All children and young people in Critical Care have their vital signs monitored continuously.

This enables the nurse at the bedside to assess their heart rate, blood pressure, oxygen saturations and respiratory rate at all times, and deal with any changes, as soon as they happen. The monitors are connected to a central monitor so your child's vital signs can be seen at all times – so please don't panic if a nurse does not attend immediately when an alarm sounds.

Medication

You may find that your child is on a variety of different medications. It is usual for our patients to be on a combination of analgesics (painkillers), sedatives and, sometimes, muscle relaxants, which run in the form of continuous slow intravenous infusions ('drips'). As your child improves these drugs will reduce, and may be given at set times, rather than continuously. Other medications will be given at set times during the day as prescribed.

Sometimes it is necessary for children to have medication to support their blood pressure or heart function. These are generally given as continuous slow intravenous infusions.

Common medications used on Paediatric Critical Care

Bronchodilators: to keep your child's small airways open if they are swollen, for example if they have asthma / croup.

Diuretics: to help your child get rid of extra fluid or to help their kidneys work better.

Anticonvulsants: to stop seizures; sometimes children have these due to fever, infection or epilepsy.

Antibiotics: to fight bacterial infections; a type of universal antibiotic may be started before we have test results, as a precaution.

Suction

If your child has an Endotracheal Tube (ETT) in place, they will be unable to cough up any secretions (mucus) from their lungs. Nurses can put a thinner tube into the ETT and apply suction to clear the mucus. These tubes are connected within the ventilator circuit in some children.

Children who do not have an ETT in place may also require suction at times. In these cases, this will be done via their mouth or nose. The nurses will explain what is happening, as it might feel a bit unpleasant. Suction is also sometimes carried out by the Physiotherapy Team.

Feeding

Nutrition is one of our priorities. As soon as your child's condition is stable enough, we will start feeding them a milk-type feed, appropriate for their age and weight, through a nasogastric tube (a small tube which is passed into the nose and goes down to the stomach).

If your baby is normally breast-fed, we encourage you to express milk for your baby; we have facilities on the Unit for this. We will give them the expressed milk via their nasogastric tube.

Once your child no longer requires ventilatory support and is becoming more stable, they can gradually resume normal oral feeds and diet.

Computer stations

Across Paediatric Critical Care you will see computers at the end of each bed space. Unfortunately these are not for patient use.

These computers document all your child's observations, medications and notes. The nursing staff will be more than happy to explain what they are used for.

Pipes and tubes

There are many pipes and tubes around your child when they are in Paediatric Critical Care. These can be quite scary at first, but the nurses will explain what these are, and can help you touch your child and help with care if you wish to.

Common pipes and tubes

Urinary catheter: placed through the urinary opening into the bladder to empty urine from the bladder into a collection bag.

Central line: placed in a major vein in the neck or groin; this type of line allows us to give stronger medications that might harm a child's smaller blood vessels. These lines can also be connected to the monitor to measure the pressure of blood flowing into the heart.

Intravenous line (IV): 'intravenous' means 'into a vein'; an IV cannula is a small tube placed into a vein and connected to longer tubing through which fluid, nourishment and medications can be given, usually using special pumps. An IV cannula will need to be replaced from time to time.

Arterial line: placed into an artery (usually in the arm, groin or foot); the line is joined to a monitor and allows us to read a very accurate blood pressure without disturbing the child. Blood samples are taken from the tubing to measure important levels, such as oxygen and carbon dioxide levels.

Clothes and toys

Wherever possible we will dress your child. You are welcome to bring in their own clothes, but please label them clearly as we cannot take responsibility for them while they are in the hospital. We encourage toys in the Critical Care Unit. We have a small selection, but feel free to bring in a few of your child's own toys, especially anything that is a particular favourite.

Welcome to the Intensive Care Unit (PICU)

Nursing ratios

While your child is cared for on PICU they will be looked after by a nurse who has no other patients to care for and will be present at their bedside continuously.

Ventilation

During their stay, most children requiring intensive care will need some kind of support to help their breathing. They will most likely have a breathing tube, known as an endotracheal tube (ETT) inserted into their nose or mouth; because of this, they will not be able to talk to you, or cry, until it is removed. The tube is attached to a machine called a ventilator, which gives breaths by pushing air and oxygen into the lungs.

The air and oxygen is pushed into the lungs at a set pressure, depending on how unwell the child is. As a child's condition improves, these pressures will gradually be reduced ('weaning'), and the amount of oxygen they need reduces. The placement of an endotracheal tube is called 'intubation'. The removal of the endotracheal tube is called 'extubation'.

Welcome to the High Dependency Unit (PHDU)

Your child has been admitted to PHDU because they need closer monitoring and observation than what is available within a general children's ward, but do not require intensive care interventions such as intubation and ventilation.

Nursing ratios

When your child is cared for on PHDU there will usually be one nurse caring for two patients. This means your child's nurse will not be at the bedside continuously. Due to the design of the Unit the nurses can see all the patients at all times, and the central monitor with your child's observations is always visible. In every bed space in PHDU there is a nurse call-bell. Your nurse will show you where this is and how to use it.

Non-invasive ventilation

Trilogy

Nippy 4

Hamilton

Children may be admitted to PHDU for some support with their breathing. We have many machines which can deliver this support via a mask or nasal cannula. Some of the machines look quite scary to children, but all of our nurses are used to explaining things and reassuring them. We also have a Play Specialist who can help your child with any fears or anxieties they may have.

Airvo

Leaving Paediatric Critical Care

If your child has been a patient on the Intensive Care Unit, they may be transferred next door to the High Dependency Unit. Otherwise, when your child is well enough to leave Critical Care, he or she will be transferred to one of the wards in the Children's Hospital, or a children's ward at your local hospital. We will discuss the discharge process with you in advance.

On very rare occasions children move unexpectedly from Intensive Care to High Dependency. If this happens we will make every effort to call you and let you know. Before your child is transferred, we will discuss your child's needs and ongoing treatment plan with the medical staff on the ward they are moving to. Medical and nursing staff will each write a 'discharge letter' explaining your child's care fully from a medical and nursing perspective. This ensures that anyone caring for your child knows why your child was admitted to Critical Care, their current condition and planned treatment.

Nursing staff can also write in your child's 'Personal Health Record' (red book) if you give it to them, so you have a record of their illness and care for your own records and for any other health professionals, such as your health visitor or GP.

There are five main wards within the Children's Hospital; we will transfer your child to the most appropriate ward for their needs.

If we transfer your child to your local hospital, transport will usually be by ambulance, and a nurse or paramedic may accompany them if required. It is sometimes possible for a parent to travel in the ambulance with a child, but not always.

Adjusting to life after Critical Care

When your child leaves Critical Care, you may feel stressed and anxious. It can take time to get used to not having 1:1 or 1:2 nursing or the constant monitoring that your child has previously received. It can also take time to adjust to the different visiting arrangements on the ward

Due to limited accommodation, only one parent can stay with their child on the ward. This is likely to be a bed next to your child's bed. If you had a room in Ronald McDonald House, speak to their staff to find out if you can stay on.

Most parents find that they worry less as time goes on, and as they get to know the staff on the ward and the new routine.

Paediatric Critical Care Outreach Service

A Paediatric Critical Care Outreach Service will come and review your child within 24 hours of discharge and at intervals as required, to provide support during the transition period between Critical Care and the wards. They are also there to support the nursing/ medical staff when caring for children after a stay on Paediatric Critical Care.

If your child is transferred back to their local hospital the Outreach Service will make telephone contact with you and the nursing staff within 24 hours to support you during the transition period between Critical Care and ward care.

If you would like to speak to someone with the Outreach Service, please ask your nurse to contact them and arrange a convenient time to contact you.

We hope this booklet has helped you understand more about Paediatric Critical Care. If you have any questions that we have not yet answered, please, just ask a member of staff.

How to give feedback about your experience

We would like to hear about your experience with our Children's Services. Please scan the QR code below to leave feedback:

If you have any concerns during your child's stay, please speak to a member of staff whilst on the ward who may be able to help straight away.

You can also contact the Patient Advice and Liaison Service on:

Telephone: 01865 221 473

Email: PALS@ouh.nhs.uk

Please feel free to use these blank pages to write down any notes or questions you may have.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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