



the Pediatric Intensive Care Unit

A HANDBOOK FOR PARENTS



CAPE FEAR VALLEY
CHILDREN'S CENTER



Dear Parents and Family Members,

Your child has been admitted to Cape Fear Valley's Pediatric Intensive Care Unit (PICU). Your child is here because he or she requires close observation and/or intensive medical and nursing care.

We realize that this is a very stressful time for you and your family. You probably have many questions regarding your child's care and condition.

This handbook is being given to you to help answer some of those questions. We strongly encourage you to ask questions as they arise.

Near the end of this book, there is space for you to write down questions as they come to you.

Your well-being is very important to us and to your child – so please tell us your needs, questions and concerns.

We want you to be completely satisfied with our services. If you are not, please contact the Patient Care Manager at (910) 615-5594.

Sincerely,

The PICU Staff



the Pediatric Intensive Care Unit

About Visiting

We feel that visiting your child in the PICU greatly benefits both you and your child. We encourage you to visit or, if that's not possible, call frequently. By visiting and calling, you will increase your child's sense of security.

However, due to the critical condition of many of the children in the PICU, limited space at each bedside, and our commitment to patient privacy and confidentiality, we must have some guidelines.

Number of Visitors

Since each child needs close observation by members of our healthcare team, we must limit the number of visitors at the bedside to two. One visitor must be a parent or grandparent, but the second visitor may be a close relative or friend.

Siblings may visit the PICU. Special preparation by the nurse or Child Life Specialist may be necessary to prepare the sibling for what he or she will see or hear.

Before allowing others to visit, we ask that you consider these things:

- Your child's need for privacy and rest
- Your child's need to avoid people with colds or other contagious illnesses
- Your need to spend time alone with your child and your family

Visiting Hours

Parents, grandparents and legal guardians may visit anytime during your child's stay.

All other visitors may visit between 11 a.m. and 9 p.m.

All visitors may be asked to step out of the PICU during shift change, physician rounds, patient procedures, new patient admissions and emergencies. This is to protect patient privacy and confidentiality.

Security

When your child is admitted, you will be provided with a number and identification band that matches your child's. Please keep this band on for the duration of your child's stay with us. This is what we use to identify you. When you arrive on the 5th floor through the North Tower elevators, you will need to stop at the security desk to sign in. All visitors will register in the visitor logbook. When you are ready to leave, please return to the security desk and sign out of the visitor's log.

For security purposes, please note that all PICU staff members wear PINK BADGES with their picture, name and title in clear view. Do not give your child to anyone who does not display a pink identification badge with his or her picture on it. If you have any doubts, contact your nurse immediately to come and identify the person. We appreciate your understanding and cooperation in helping us provide safety and security for all our patients.

Entering the PICU

When you arrive at the PICU doors, press the button on the wall to your right and take a step back. If the door does not open immediately, we may be in the middle of a procedure or emergency situation. The nurse will tell you if there are any circumstances that prevent you from visiting at that time.

All visitors should wash their hands before entering and leaving the PICU. It is the best way to prevent infections. If your child is on “isolation precautions,” please follow the directions on the sign, placed on your child’s door.

Items from Home and Gifts

Familiar toys, pictures, books, music and pillows are comforting to your child and are permitted. However, we ask that you check with your child’s nurse first, as there is limited space at the bedside.

Mylar balloons are acceptable, but latex balloons are not allowed. They are a choking hazard, and some children are allergic to latex.

Live plants are not allowed because of the germs and molds they may carry.

Food and Beverages

You may bring food if your child is able to eat. However, we ask that you check with your child’s nurse first, so we know it is the correct diet allowed for your child.

Cape Fear Valley is a tobacco-free campus. Smoking and other tobacco products are not allowed anywhere on the health system’s grounds, including the parking lots.

Family Lounge

There is a family lounge with a telephone in the Children’s Center. Due to its small size, we ask that you limit the number of visitors using this waiting area. The main lobby on the first floor can accommodate more visitors.



Overnight Accommodations

We strongly encourage you to go home at night, even though you may find it difficult to leave. We have found that parents are much more responsive to their child's needs if they have been able to get a good night's sleep and are well rested.

If you feel you must stay in the hospital overnight, we have a couch or sleep chair to accommodate you in your child's room.

Contacting the PICU

Please feel free to call the PICU 24 hours a day to check on your child's condition. The telephone number for the PICU is (910) 615-4750. The family lounge phone number is (910) 615-5893.

When your child is admitted to the PICU, you will be given a PIN number that will be used when you call in to check on the status of your child. This PIN number can be shared among the parents and grandparents or the legal guardians, so that when they call in and give the nurse the PIN number, they can get a report on the child's condition.

Cell Phone Use

Please ask your family and friends to call the family lounge or your cell phone if they need to reach you.

Confidentiality

To protect your child's confidentiality while in the PICU, information is given to parents or guardians only. Please inform other family members and friends of this policy and ask them not to call or ask for information regarding your child's condition.

Special Needs

If, at any time, there are special circumstances about which we should be aware, please discuss them with the nurse caring for your child or the unit manager. We will do our best to accommodate your special needs.

Members of the Hospital Team

The PICU is staffed by a multidisciplinary team. There are several people who may be involved in your child's care. The following is a brief summary of the team members:

Critical Care Pediatrician

Your child will be cared for by a Critical Care Physician with specialized and advanced education in the care of critically ill children.

Physician Assistant (PA)

A Physician Assistant has specialized training to provide healthcare services under the supervision of a physician.

Pediatric Nurse Practitioner

A Pediatric Nurse Practitioner is a Registered Nurse (RN) with advanced education. He or she coordinates medical and nursing care under the direction of the physician.

Registered Nurse

All the nurses in the PICU have had advanced training in the care of critically ill children.

Resource Nurse

The Resource Nurse has advanced critical care skills and assists the Patient Care Manager with administrative responsibilities.

Patient Care Manager

A registered nurse with administrative and clinical skills, the Patient Care Manager is responsible for the overall functioning of the PICU. The Patient Care Manager is available to discuss any questions or concerns you have regarding the care of your child while in the PICU.

Respiratory Therapist

The Respiratory Therapist on the Children's Center cares for the breathing needs of children, including breathing treatments and ventilator care.



Child Life Specialist

The Child Life Specialist helps your child cope with illness and hospitalization and promotes normal growth and development for your child.

Social Worker

A Pediatric Social Worker is assigned to the PICU. The Social Worker provides emotional support to the family during hospitalization and may refer parents to community resources related to financial needs and/or the child's illness.

Pastoral Care

Chaplains are available to help meet your spiritual needs.

Additional Team Members

It takes many people to care for a critically ill child 24 hours a day, 7 days a week. Additional team members you may see include:

- Pharmacist
- Physical Therapist
- Occupational Therapist
- Phlebotomist
- Speech/Language Pathologist
- Unit Secretary
- Monitor Technician
- X-Ray Technologist
- EEG Technologist
- EKG Technologist
- Echocardiology Technologist
- Dietitian

Please feel free to ask any team member their name, purpose and role. They will be happy to answer questions you may have about them or what service they are providing for your child and/or family.

Technical Equipment

The PICU makes extensive use of modern technology. There may be many machines attached to your child with lights, displays and sounds. These machines are here to directly support your child (breathing, heart rate, fluids, etc.) or to help monitor the care your child is receiving.

Please feel free to ask questions about the machines, tubes or other equipment you see. The more you understand, the more comfortable you will feel. We understand this is a stressful time for you, and you may need more than one explanation about the tubes or machines. Do not hesitate to ask the same question again. We are here to help you understand the care your child is receiving.

Pain Management

Your child's comfort is very important to us. His or her pain level will be checked regularly. How often this occurs depends on your child's condition.

We use different ways to evaluate your child's pain level. They vary based on your child's age, developmental level and ability



to communicate with us.

We may use a variety of ways to help your child reach an acceptable level of comfort. Please let the nurse know if you don't feel that your child's comfort needs are being met.

Understanding Our Language

We sometimes forget that much of what is said may be unfamiliar or even alarming to you. You are likely to hear some of the terms below, and we encourage you to ask questions about words or expressions that you do not understand.

Art Line, A-line (Arterial Line): Small tube or catheter that is inserted into an artery to continuously monitor blood pressure. May be used to draw blood samples.

Acidosis, Acidotic: Too much acid in the body.

Anemia: Too few red blood cells or low level of blood hemoglobin.

Antibiotics: Medicine used in treating bacterial infections.

Apnea: The condition of not breathing. It is very common in premature infants. If severe, it may require medications or mechanical ventilation.

Bagging: Pumping air or oxygen into the patient's lungs by squeezing a bag of air/oxygen into a mask placed over the child's mouth and nose, or through an endotracheal tube.

Blood Culture: A special lab test that shows if there is an infection in the bloodstream and is monitored over the course of a few days.

Blood Gas: A lab measurement of acid, oxygen and carbon dioxide in the blood. It is an important measurement of how the lungs are functioning.

BMP (Basic Metabolic Panel)/CMP (Complete Metabolic Panel): A blood test that measures chemicals in the body needed for normal cell function.

Brady (Bradycardia): A heart rate that is lower than normal.

CAT Scan/CT Scan: A computerized x-ray exam that provides a picture of part of the body.

CBC (Complete Blood Count): A blood test that looks at the types and number of cells in the blood. This test is used to see if your child has an infection.

Central Line or CVC (Central Venous Catheter): Small tube or catheter placed in a large central vein to give fluids or draw blood from. It can also be used to monitor central venous pressure.

CPT (Chest Physiotherapy): Clapping on your child's chest or using a device to loosen mucus in the lungs.

CSF (Cerebral Spinal Fluid): Fluid that covers the brain and spinal column to cushion, moisten and protect it.

Culture: A test to look for possible infection by growing bacteria from the spinal fluid, blood, urine or other parts of the body.

CVP (Central Venous Pressure): Pressure in the large vein just outside the heart.

Echo (Echocardiogram): A test that uses sound waves to view the heart.

Edema: Too much fluid in the tissues that make the patient look swollen.

EEG (Electroencephalogram): A test that records the electrical activity of the brain.

EKG (Electrocardiogram): A test that records the electric current produced by the heart to help us obtain information about the heart and its functioning.

Electrolytes: Chemicals, such as sodium, potassium and chloride in the body needed for normal cell function.

ET Tube (Endotracheal Tube): A plastic tube placed into the windpipe (trachea) to help the patient breathe.

Extubate: The process of removing a tube that helps the patient breathe.

Foley Catheter: A soft tube placed into the bladder to drain urine.

ICP (Intracranial Pressure): A device that is placed to obtain continuous readings of brain pressure.

Intubate: A breathing tube that is placed into the patient's windpipe.

IV (Intravenous): A small tube or catheter placed in a vein to give fluids and medications.

Lipids: A liquid form of fat given through a vein when the patient is not able to get nutrition in other ways.

LP (Lumbar Puncture): A procedure in which the physician places a needle between the vertebrae in the back and obtains spinal fluid for testing.

Monitor: A machine that is used to watch heart rate, respiratory rate and blood pressures. It sounds an alarm if there are any abnormal changes in the rates.

MRI (Magnetic Resonance Imaging): A machine that uses strong magnetic forces to see structures in the body.

Nasal Cannula: A plastic tubing placed into the nose to give more oxygen.

NG (Nasogastric Tube): A plastic tube passed through the nose into the stomach to give liquids and medicine. It can also be used for removing stomach contents.

NPO: An order given that the patient is not to be given anything to eat or drink by mouth.

Pneumo (Pneumothorax): An abnormal collection of air between the chest wall and lungs.

Pulse Ox (Pulse Oximeter): A device used to measure the percentage of oxygen carried in the blood.

Retracting: The sucking in of the patient's chest during breathing because the patient is using muscles to breathe that are not usually needed.

Room Air: The normal air we breathe. It has an oxygen concentration of about 21 percent.

Sats (Oxygen Saturations): The percentage of oxygen carried in the bloodstream and measured by a pulse oximeter.



Sepsis: An infection in the blood or other tissues.

Suction: Removal of mucus from the nose and throat, or from a breathing tube using a plastic tube connected to a vacuum source.

Tachycardia (Tachy): A heart rate that is faster than normal.

Tachypnea: A breathing rate that is faster than normal.

TPN (Total Parenteral Nutrition): A liquid form of nutrition given through a vein when the patient is not able to get nutrition in other ways.

Trach (Tracheostomy): An opening made in the neck to insert a short breathing tube into the trachea.

Ultrasound: A test that uses sound waves to look inside the body.

Vent (Ventilator, Breathing Machine): A machine that can breathe for a patient until his or her lungs are able to do so on their own.



Your Satisfaction

The PICU staff wants to thank you for letting us take care of your child during this difficult time. We hope you find our staff to be professional, courteous and caring during your time of need.

We are constantly striving to improve the services we provide to our patients and their families. We want to make your experience as positive as possible.

If we fall short of that during your child's stay, please let us know promptly. We want to always meet your expectations.

After your child's discharge you may receive a survey about your child's hospital stay. Please take a moment to complete the survey. Your comments are invaluable to us.



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