

**PICU
PARENT
GUIDEBOOK**



**Pediatric Critical Care Unit
Duke University Medical Center**

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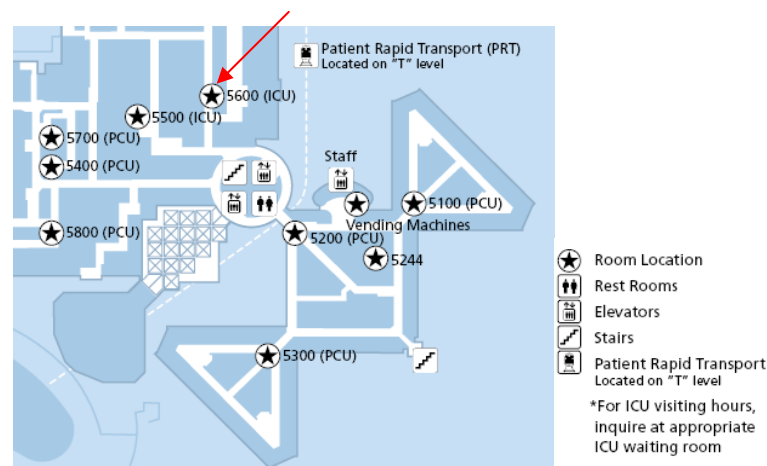
PEDIATRIC CRITICAL CARE UNIT

PARENT GUIDEBOOK

Pediatric Critical Care Unit (PICU)
 Duke University Medical Center
 Fifth Floor (Zone 5600)

PICU Main Desk: (919) 681-5541

Map to PICU



Fifth Floor

- 5100 Pediatrics Patient Care Unit
- 5200 Pediatric Bone Marrow Transplant Patient Care Unit
- 5244 Ronald McDonald House Family Room
- 5300 Pediatrics Patient Care Unit
- 5400 Obstetrics (OB) Triage Patient Care Unit
- 5500 Neonatal Intensive Care Unit
- 5600 Pediatric Intensive Care Unit
- 5700-5800 Labor and Delivery Patient Care Unit
- Vending Machines
- Next to staff elevators

We welcome you

We realize this is a very stressful time for you and your family. The Pediatric Intensive Care Unit (PICU) strives to offer your child excellent care. We also seek to maintain and support the parent-child relationship, to promote each child's normal growth and development and to minimize the negative effects of hospitalization.

The members of the health care team in the PICU have helped prepare this handbook to introduce you to the unit and to help answer some of the questions you and your family may have. Please feel free to ask your child's nurses and doctors questions at any time. Many of the words you will hear in the PICU will sound strange; therefore we would like to draw your attention to the **Glossary of Terms and Roles** on page 14 of this book. We hope this guide will help you during your stay in the PICU.

Your child's admission

Whether it is a planned admission or an emergency, when your child first arrives in the PICU he or she is examined by a team of physicians, nurses and respiratory therapists. During this time, information will be gathered to help determine your child's plan of care. We require that you wait in the waiting room during this time, or leave a number where you can be reached. We realize how difficult this separation is for both you and your child. Once your child has been assessed, someone from the health care team will come and explain your child's current plan of care and bring you into the PICU to be with your child.

Visiting your child

Families are encouraged to spend as much time as possible with their child. At first this may be a frightening experience. The activity and equipment in the PICU can be overwhelming. As you spend more time with your child, you will begin to feel more comfortable.

Prior to entering the PICU, please stop by the waiting room and call into the PICU using the intercom system. The Health Unit Coordinator (HUC) will check with your child's nurse to make sure it is a good time to be at the bedside.

The hours of 6:45 a.m. - 9:30 a.m. and 6:45 p.m. - 8:00 pm are the busiest hours for the PICU due to change of shift report and rounds. During this time you will be asked to step out of the unit. There may also be other times during the day that you will be asked to step out of the unit or wait to visit your child. This may occur because we are admitting another patient to an adjacent bed space or performing a procedure. We regret any inconvenience this may cause and appreciate your cooperation.

We ask that no more than **two** visitors at a time be at your child's bedside. Parents may visit throughout the day and night. Day time visitation may include family and close friends at the discretion of the parents. Night time visiting (after 9 p.m.) will be limited to parents/guardians or their designee. After 9 p.m., please obtain an overnight sticker from the HUC to wear for security reasons. Siblings are welcome to visit if it is acceptable to the parents/guardians.

In order to protect your child and limit exposure to infections, please let us know if anyone who would like to visit has a cold or infection. They may need to wear a mask or postpone their visit in order to protect your child.

The waiting room is available for immediate family members who are waiting to see their children in the PICU. There is also a Ronald McDonald Room available for adult family members on the 5th floor, Zone 5100. When visiting your child please do not eat or drink in the PICU. The hospital cafeteria is located on the first floor of the hospital.

Sometimes parents are unable to be with their child in the hospital. You may phone the PICU at any time for a report on your child's condition. **The direct number to the PICU is 919-681-5541.** PICU staff is only able to give information to parents or legal guardians. Please ask other relatives to call you at home or in the family waiting room (919-668-3356) for updates. Some parents have found it helpful to select a family member or a close friend as a contact person for updates to other friends and family.

You are welcome to photograph and videotape your child while he/she is in the PICU. We do ask that you refrain from capturing pictures or video of the staff, other patients/ roommates or any of your child's medical equipment.

Cell phones are allowed in the PICU but we do ask that you step outside of the unit when you are making or receiving phone calls.

Brothers and sisters

Brothers and sisters are allowed to visit in the PICU. If the visiting child is under 12 years of age, your child's nurse will need to make sure the visiting child has received their immunizations and has not been exposed to any infectious diseases, prior to the first visit.

During cold and flu season there may be times that siblings are not allowed to visit. Your nurse will let you know if these limitations have been set.

Because many of the sights and sounds in the PICU are new and sometimes scary, we highly recommend that all visiting siblings be prepared for their visit ahead of time. Both the Social Worker and Child Life Specialist are available to help with age appropriate information, teaching material and to answer children's questions.

If you are from out of town

You are welcome to visit your child overnight. However, for safety reasons, we do not allow parents to sleep in the PICU.

There are several options for nearby accommodations when your child is in the PICU. The Ronald McDonald house is a non-profit family center for families of hospitalized children who live more than one hour from the hospital. The Patient Resource Manager (PRM) can help facilitate a reservation. There is often a waiting list, and once your child is moved out of the PICU, then you will need to check out of Ronald McDonald house.

There are also several local hotels that offer discounted rates for families with a child at Duke Hospital. Please note that medical rate rooms may not always be available at all times, in all locations. The PRM in the PICU may be able to assist you with lodging. To qualify for assistance with lodging, the patient must live 2 hours away from the hospital. Families will be screened by the PRM or social work staff to determine appropriateness for hospital sponsorship and/or medical rate rooms. Each qualifying child can only be assisted with one room at either a hotel or Ronald McDonald House. Our resources are limited, and this allows us to assist more families.

Confidentiality

All information about patients in the PICU is confidential. Patient information will be shared with parents/guardians only. Parents wishing information to be shared with grandparents must inform their nurse. Please share only the waiting room telephone number with friends and family. Patient information will be given over the telephone to parents only and all other calls will be redirected to the waiting room.

We are unable to share any information about other patients in the PICU. Please respect their confidentiality as they respect yours.

The daily routine in the PICU

The nurses of the PICU care for your child during twelve-hour shifts. The day shift is from 6:45 a.m. to 6:45 p.m., night shift from 6:45 p.m. to 6:45 a.m. The nurses give each other reports about your child's needs and care at the beginning of each shift. Nurses in the PICU may have one or two patients to care for during their shifts.

Every morning from 7:30 – 10:30 a.m., the PICU health care team makes detailed rounds on each patient. Every patient is discussed to review the events of the previous day and to determine the plan for the upcoming day. Doctors, nurses, respiratory therapist, dietitians, pharmacists, and social workers attend these rounds. It may be overwhelming at first to meet all of the people who are taking care of your child, but each member of the team is working together to provide for all of your child's needs. During the course of the day, the doctors will make every effort to speak with you and review your child's progress and plans for the day.

During the day, new patients may be admitted to the PICU following surgery and procedures. We also perform many procedures directly in the PICU. You may be asked to step out of the unit briefly for either of these reasons. Your child's nurse will continue to monitor your child during that time. When you are with your child in the PICU you will see many different monitors and hear alarms. The alarms may seem overwhelming, but your child's nurse can explain what the alarms mean. Sometimes the alarms will ring because your child is moving or the nurse has interrupted the monitor. If you have any questions about an alarm or any other equipment, please ask your child's nurse.

Pain and sedation

When children are in the hospital they may experience pain for many reasons. We do everything possible to prevent pain and make your child comfortable. Children in the intensive care unit routinely receive pain medication as well as medication to make them relaxed and sedated. Your child's nurse will explain the medications your child is receiving.

You can play a big role in comforting and supporting your child. Please let your child's nurse know what helps to comfort him/her. These may be activities such as listening to music or playing with a favorite toy or blanket. Please label any items you bring to the PICU with your child's name. (We will make every effort to safeguard these items but we can not be responsible for any that are lost.)

How can you care for your child?

When you have a sick child in the PICU you may not be able to give the care you are normally used to giving. With the nurse's assistance, such activities as bathing your child and changing diapers may be possible. Talking to and touching your child are also important aspects of your child's care. Playing your child's favorite music is often very comforting. If your child is awake, you may involve them in familiar activities such as coloring, reading stories and watching videos. The PICU has CD players, videos and books available for your child's use. Just ask either your nurse or child life therapist and we will be happy to assist you in obtaining these items for your child.

How can you care for yourself?

Having a child in the PICU can be extremely stressful. It is important to remember to also care for yourself at this time. Please make every effort to eat regularly and get some rest. You will be better able to care for your child if you are well rested.

If you are a nursing mother and need access to a breast pump and pumping supplies, please inform your child's nurse. Meals for nursing mothers are available upon request. Please just notify your nurse if you would like a tray.

Preventing infections

Children in the PICU are at great risk of infection because they are already ill. One of the easiest and most effective ways to control infections is to wash your hands. **All people entering the PICU must wash their hands every time they enter the unit.**

If your child is in an isolation room, please check with the staff for appropriate infection control precautions that you must take before you enter the room.

If a visitor has a cold or other infectious disease, they may not be allowed to visit the PICU. Please inform your child's nurse before the visitor enters the PICU.

Identification

Double check your child's identification band. ID bands must be worn at all times. They identify your child throughout their hospital stay. Let your nurse know if your child does not have an ID band or if it comes off.

Check that caregivers use the ID band. Caregivers are required to check both the child's name and their medical record number before administering medication, performing procedures or transfusing blood products.

Communication

Our team makes every effort to keep families fully informed. Don't hesitate to seek information and ask questions about your child's condition, scheduled treatments, and tests. This allows us the opportunity to have you participate in your child's care and allows you to be more aware of their progress.

Know your child's caregivers. Many parents find that the relationships that they develop with our team members contribute to the quality of their infant's stay. To start, make sure you have been introduced to all the people caring for your child.

Have frequent conversations with your child's caregivers. This will give you current information about your child's plan of care. Evening rounds are a time for you to participate in the care of your child and have any unanswered questions addressed. The rounds are held at the bedside each evening.

If you don't understand what is happening with your child or why something is being done, please don't hesitate to ask. Don't worry if it seems that you are asking the same questions repeatedly. We understand that there will be a lot of new information and having a child in critical care can be overwhelming. It also helps to write things down. There may also be times when a scheduled conference with other key team members can enhance the exchange of information – please let us know if you'd like to arrange one with your child's team.

Surgery and procedures

Make sure you and your doctor agree and are clear on what the surgery or procedure will include and what risks are involved. It

is especially important to try to be with your child before and after surgery. If your child has any unusual reactions to anesthetics, medications, or procedures, please keep a record of this to notify future physicians.

Parking

Parking is available in the parking deck across the street (PG2). Parking fees are \$1.00 per hour (no partial hours) or \$6.00 per day. Parking coupon books are available in the Duke North gift shop, The Pink Smock. These are \$25.00 for 10 coupons.

Valet parking is also available in front of Duke North starting at 7:00 a.m. on weekday mornings. Valet parking is \$7.00 per day.

Who is taking care of your child?

The *medical director* oversees the clinical medical service in the critical care units, assuring quality multidisciplinary service. The director also oversees the educational and research missions of critical care medicine.

An *attending physician* is a senior member of the medical or surgical staff who is in charge of your child's care. The attending physician supervises your child's treatment and works with other team members to plan care every day.

Fellows are physicians who have completed their residency and are now training in a special area of pediatrics. The pediatric critical care fellows spend a total of three years training in the PICU.

Pediatric Nurse Practitioners (NP) work with the physician team in the PICU. The PICU NP's are RN's who have special training to care for critically ill children.

Residents are physicians who are receiving advanced training in the hospital. They rotate through the PICU for approximately one month, and provide care to your child under the supervision of the attending.

Consulting physicians are experts in a specific area of pediatric care. Your child's attending physician may ask a consultant to help diagnose and treat your child. A consulting physician may also have a team of fellows and residents.

A **registered nurse (RN)** is always assigned to care for your child. PICU nurses are specially educated in caring for critically ill children and their families.

The **nurse manager** oversees the nursing care provided by the unit staff. The manager is available to answer questions related to your child's care or to help obtain needed resources.

The **pharmacist** works with the medical team in choosing and monitoring medications.

The **patient resource manager (PRM)** provides care coordination including case management and discharge planning services for all inpatients. The PRM's are physician/serviced based and follow their patients from admission to discharge.

Social workers are specially skilled counselors who help families cope with having a child in the hospital. They can help you access community resources and plan for the things your family will need after discharge. Social work services are available every day.

The **respiratory therapist** evaluates and treats patients with breathing problems. This person assists with a child's care by providing therapy and education during the hospital stay and in preparation for discharge.

A **child life specialist** helps both patients and their brothers and sisters adjust to the hospital. They help children express their feelings about the hospital through play and other activities geared to the child's age and ability to understand.

A full-time hospital **chaplain** is available to meet your spiritual needs 24 hours a day. Please ask your nurse if you wish to speak to a chaplain.

The **nursing care assistant (NCA)** assists registered nurses in stocking supplies and linens, among other duties.

The **health unit coordinator (HUC)** is the first person you are in contact with when calling into or arriving at the unit. They provide clerical support to the unit.

The **dietitian** is responsible for ensuring that your child's nutritional needs are met.

The **parents or legal guardians** are an especially important part of the team. You know your child better than anyone and will participate in the plan of care for your child.

If you should have a compliment, concern or complaint you may speak with a **Patient Advocate** and request it be addressed. We value the feedback received from compliments and concerns and encourage you to contact the patient advocate for your area at (919) 681-2020.

Glossary of terms that you will hear

The glossary explains a number of terms frequently used in the critical care areas. Please ask your child's nurse or doctor to explain anything you do not understand.

Antibiotic	A medication given to treat bacterial infections.
Arrhythmia	An irregular heart beat.
Arterial line (Art line or A-line)	A small tube placed in an artery that measures blood pressure and takes blood samples painlessly.
Blood gas (ABG)	A test that measures the amount of oxygen, carbon dioxide, acid and electrolytes in a small sample of blood; often used to assess how well your child is breathing.
Bradycardia	A slower than normal heart rate.
Central line	An intravenous tube placed in a large vein to allow administration of medication, nutrition, or measurement of central venous pressure (CVP).
Cerebrospinal Fluid (CSF)	The fluid that surrounds the brain and spinal chord.
Central venous pressure (CVP)	The pressure in a large vein which brings blood directly to the heart. Frequently used to help determine if a child needs more or less fluid.
Chest tube	Tubes inserted through the skin, into the space

around the lungs to drain excess fluid or air.

CT scan	A computerized x-ray that gives a 3 dimensional picture.
CVVHD	Continuous veno-venous hemo-dialysis. A machine used to remove fluid and electrolytes when the kidneys are unable to.
Diuretic	A medication given to increase urine output.
Echocardiogram (Echo)	A special ultrasound that is able to closely visualize the heart.
Electrocardiogram (ECG or EKG)	A graphic record of the electrical activity of the heart.
Endotracheal tube (ETT)	A plastic tube placed through the nose or mouth into the child's windpipe (trachea). Used to deliver breaths from a ventilator.
Extubate	Removing the ETT from the windpipe in order to allow the child to breathe on their own.
Foley catheter	A small tube placed into the bladder to drain and measure urine.
Inotropes	Medications used to help raise your child's blood pressure and support their heart.
Intracranial pressure (ICP)	The pressure inside the skull.

Intravenous (IV)	A small tube or needle placed inside a vein to give medications, fluids, or nutrition directly into the blood stream.
Intubate	Insertion of an endotracheal tube (ETT).
Monitor	A machine attached to the child by wires which display vital functions such as the heart rate and rhythm, oxygen saturations, CVP, art line, respiratory rate, and temperature.
MRI	A computerized x-ray that uses magnets to visualize 3 dimensional images.
Nasogastric tube (NG tube)	A soft plastic tube going through the nose and into the stomach; used either to drain fluid or air, to give formula, or to give medications.
NPO	Nothing by mouth; unable to eat or drink.
Oxygen saturation (O2 sat)	A measure of the amount of oxygen in the blood.
Tachycardia	A faster than normal heart rate.
TPN (total parenteral nutrition)	Intravenous nutrition (calories, sugar, protein, fats, vitamins and minerals) given directly into the blood.
Transfusion	Giving blood or blood products intravenously to correct a low blood count.
Ultrasound	A method of painlessly visualizing parts of the body using sound waves.

Ventilator	A machine that helps your child breathe.
Weaning	The process of slowly getting a child off of a ventilator or medications as their health improves.

After the PICU

When your child no longer requires care in the PICU he/she will most likely be transferred to a pediatric intermediate care unit or the pediatric floor. Transfer out of the PICU occurs when your child's care team feels your child's condition is improving and your family is longer in need of intensive care. Some of the differences you may experience after transfer are:

PICU	Pediatric Floor
Nursing Assistant has a nondirect patient care role	Nursing Assistant has a direct patient care role
Rounds done at bedside	Rounds done in conference room on unit
Nurses have 1 to 2 patients	Nurses have 3 to 4 patients
Assessments may be done on your child every 1-2 hrs	Assessments will be done less frequently
Vital signs are often taken every 1 to 2 hours	Vital signs are taken less frequently
Pediatric critical care is provided to your child 24/7	Pediatric critical care is available in emergencies via the rapid response team

The staff on these units are skilled in helping parents care for their child in the hospital and planning for discharge. Transfer of your child out of the PICU is a big step towards your child's return home.

