

A stylized line drawing of a child sitting in a wheelchair. The child is smiling and has their hands resting on their lap. The wheelchair has large rear wheels and a smaller front wheel. The drawing is rendered in a light teal color against a white background.

# When your child is admitted to the Paediatric Intensive Care Unit (PICU) or Neonatal Intensive Care Unit (NICU) at GOSH

Information for families

**This leaflet explains a little about the Paediatric Intensive Care Unit (PICU) and Neonatal Intensive Care Unit (NICU) at Great Ormond Street Hospital (GOSH). We hope that this will help you at this difficult time.**

The PICU is for children over the age of six months who require intensive medical and nursing care. The NICU is for newborn babies requiring intensive medical and nursing care. Both units are on level 4 of the Variety Club Building (VCB). When you get to level 4 (either by lift or stairs) the units are clearly signposted.

**Your child's needs**

Your child will still need you while he or she is in the unit and we want to help you look after him or her as much as you can. It will help us to know about your child's character, habits, likes or dislikes and any nicknames you have for him or her. You can also bring in a recent photograph of your child to be put up by his or her bed in the unit.

Your child may be sedated, but he or she could still hear and recognise familiar voices and sounds. We may encourage you to read or

talk to your child. You could also play favourite CDs or specially recorded messages. If you child has a favourite toy or comforter, it can be placed close to him or her. There are stereos and portable DVD players at each bedside.

Your child may need help with his or her breathing. If so, a piece of equipment called an endotracheal tube will be passed through the nose or mouth and into your child's airway. He or she will be sedated so it will not hurt. Once it is in place, the tube will be connected to a ventilator. This will stay in place until your child can breathe properly without it.

One of our most important concerns is that no child on the unit should be in pain. We therefore give all our children regular and/or continuous doses of sedation and pain relief to make sure they stay sleepy and pain free.

Staff are required to fully inform you about and obtain your consent for any procedure they carry out on your child. In the busy environment of an intensive care unit, it may not always be possible to do this prior to the procedure taking place. The staff will always explain to you what they are doing and why. However, by agreeing to the admission to the unit, it is understood that you consent to the routine intensive care procedures that are required to look after your child. If you do not agree with this statement, you must inform your child's consultant or the nurse in charge as soon as possible.

### **Ward team**

There are 14 consultants on the unit – eight consultant intensivists and six consultant paediatric surgeons. There are two consultants on duty each day – one is based on the unit and is responsible for the clinical care of your child and the other is known as the 'supporting consultant', who is on the unit from 9am until 4pm and their role is to update all families that day regarding their child's medical condition. This will happen after the morning ward round and before the evening ward round.

Evening ward rounds start at 4pm on PICU and 5pm on NICU.

The nursing team includes a modern matron, sisters and charge nurses, senior staff nurses, staff nurses and students at various different points in their nurse training. Children on the unit are usually nursed on a one-to-one basis by a qualified nurse. In certain instances, they may be cared for by a student who will always be overseen by a qualified nurse. There may come a time just prior to transfer out of intensive care that the nurse looking after your child will also be looking after other children as well. This is perfectly normal and a sign that your child is getting better and will soon be able to go to a ward either within GOSH or back at your local hospital.

The multidisciplinary team based on the unit who are also involved in your child's care include physiotherapists, a pharmacist, dietitian, play specialist, housekeeper and health care assistant. Other specialist teams may also be involved in your child's care and they will visit the unit to help treat and advise on patient care or treatment.

## **Psychosocial team**

The intensive care units have their own psychosocial team that comprises of family liaison sisters, psychologists, social workers, a play specialist and chaplains. They visit the unit on a daily basis and try to see and support as many families as possible and help with the stress of having a child in intensive care. The team will try to help you with any practical or emotional problems that can occur while your child is an inpatient. You can ask your child's nurse to arrange a meeting with any member of the psychosocial team.

## **Visiting**

You can see your child whenever you want to although parents and other visitors have to leave the unit during the morning ward rounds and certain other procedures. Your child's nurse will arrange a time for you to speak to the doctor after the ward round so that you can discuss your child's progress.

We ask that you are present when visitors arrive to see your child. Please limit the number of visitors to a maximum of three at any one time (including yourselves).

Your child's brothers and sisters are welcome up to 9pm but should always be supervised by a responsible adult. After 9pm, parents should be the only visitors. You are welcome to telephone the unit at any time.

Anyone who has an infection should not visit until they are better. If in doubt, please speak to the nurse in charge.

## **Telephones**

For incoming calls, you may use the direct telephone lines to the unit (details at the end of this leaflet). If friends or relatives call, we will take a message but we ask that these calls be kept to a minimum. Nurses cannot give information about a patient to anyone except his or her parents. There are areas on level 4 where you are permitted to use mobile phones and these are clearly marked. Please do not use mobile phones on the unit.

## **Facilities**

There is a restaurant and coffee shop on the ground floor of the hospital and there is also a small café near the main entrance. Opening hours are clearly displayed outside. There are cold water drinking fountains on each of the units.

## **Clothes and toys**

Wherever possible we will dress your child. You are welcome to bring in his or her own clothes, but please label them clearly as we cannot take responsibility for them while they are in the hospital. We encourage the use of toys in the intensive care units. 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.

## **Newly delivered mothers**

When a newborn baby has been admitted, the mother may be resident only after being discharged from maternity services. This is because there is no medical cover for adults in the hospital. Prior to discharge, she is able to visit if well enough and there may be a wheelchair available to help get to and from the unit. When resident, there are facilities to start expressing breast milk and mothers are supported by the neonatal nurse advisor as required. Newly delivered mothers can also be seen at the midwifery clinic if necessary, which is held three times a week in the hospital.

## **Telephone numbers**

**PICU – 020 7829 8808**

**NICU – 020 7829 8812**

**From an internal phone within GOSH, just dial the last four digits**

## Notes

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Compiled by the Family Liaison Sisters on PICU/NICU  
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[www.goshfamilies.nhs.uk](http://www.goshfamilies.nhs.uk)

[www.childrenfirst.nhs.uk](http://www.childrenfirst.nhs.uk)