

Glossary of Terms – cont.

NOT all of these words/situations will apply to your child.

Central line (IJ, femoral line, subclavian): Special intravenous catheter placed in a large vein (usually near the neck or groin) to give fluids, medications, or nutrition and to draw blood samples for laboratory testing.

Continuous renal replacement therapy (CRRT): A temporary form of dialysis that runs continuously. CRRT can remove toxins and extra fluid from the body.

Defibrillator: A machine that delivers electric shock to attempt to reset an abnormal heart rhythm.

DNAR/DNR (Do not attempt resuscitate/Do not resuscitate): An order telling doctors and nurses *not* to perform CPR if the patient stops breathing or if their heart stops. A DNAR order is **ONLY** placed after a conversation with and agreement from the parents. A DNAR/DNR order does **NOT** mean taking away other treatments.

EKG (electrocardiogram): A tracing of the electrical signals of the heart.

Endotracheal tube (ETTUBE): A tube that is placed in the airway (trachea) through the mouth or nose and attached to a breathing machine to help the patient breathe.

Extubation: The process of removing an endotracheal tube (ETTUBE) from a patient.

Gastrostomy tube (G-tube): A feeding tube that is surgically placed directly from the surface of the belly into the stomach.

Intubation: The process of placing an endotracheal tube (ETTUBE) when a patient is unable to breathe on his/her own and needs a breathing machine.

Mechanical ventilator (breathing machine): A machine used to help a patient breathe.

Nasal cannula: Plastic tube that fits around the head with two short prongs into the nostrils. It provides the patient with oxygen (from a tank or wall source).

Nasogastric tube (NGT, NG), orogastric tube (OGT, OG): A tube placed through the nose or mouth into the stomach. It is used to give medicines and feedings or to drain stomach contents.

Palliative Care: Care that focuses on reducing pain and discomfort and increasing quality of life.

Pulse oximeter: A device that measures the amount of oxygen carried by the blood.

Sedation: Medicine to make patients sleepy, relaxed, and less aware of uncomfortable or distressing conditions.

Vasoactive medications (inotropes, pressors, drips): medications given continuously to raise or lower the blood pressure and support the heart.

Pediatric Intensive Care Unit (“PICU”) & Cardiac Intensive Care Unit (“CICU”) Parent Guide

This brochure has some basic information that we hope will be helpful while your child is in the PICU or CICU.

We recognize that this can be a very stressful time for you, your child, and your family. Please ask any questions you might have, and ask as many times as you need. We are here to help!

General Information

Parking: Parking at the Huron-Superior garage costs \$10 for less than 7 hours and \$15 for 7 to 24 hours, with a validated ticket (costs are higher if the ticket is not validated by the hospital). Tickets can be validated at the second floor concierge desk in Lurie Children's before you leave for the garage. The Erie-Ontario garage, a few blocks away, is another option. For extended stays, please ask your nurse or social worker about additional options.

Visiting Hours: For parents or guardians, visitation is available 24 hours. For all other visitors, visitation is from 10:00 AM to 8:30 PM - Limit 3 people at one time.

Isolation and Visitor Restrictions: Our patients are vulnerable, even a common cold could make them very ill. To help protect them, during the winter no visitors under the age of 14 are allowed, and only two people at a time may be in your child's room. No one who feels sick should visit. If your child has symptoms of a virus, you will be asked to wear a gown, gloves and a mask when you are in the room. Please remember to wash your hands when entering and leaving your child's room.

Sleep: Parents may stay with their child 24/7. If you live far away and your child will be hospitalized for a while, please ask your nurse or social worker for information about rooms that may be available to you. **It is important for parents to take time to sleep, eat and get fresh air. You can ask your nurse to let you know when it would be a good time to do these things.**

Flowers are not allowed in the PICU or CICU.

The PICU/CICU Team

The PICU/CICU team does “rounds” on patients every morning between 8 am and noon. “Rounds” are a time to review how your child is doing and discuss treatment plans for the day. You are a very important part of your child’s care team and will be invited to participate in rounds.

- **Advanced Practice Nurses (APNs)** are nurses with additional education and training who work collaboratively within the healthcare team to manage critically ill infants and children.
- **Case Managers** serve as the link between the hospital and your insurance plan, and help coordinate your child’s discharge or transfer.
- **Chaplains** provide support for you and your child. They are trained to work with people of all faiths and can help to connect you with resources from your religious tradition
- **Child-life specialists** help your child cope with being in the PICU/CICU. They are experts in child development and can also help with siblings or other young family members.
- **Dietitians** help manage your child’s nutrition, including IV feedings.
- **Medical students, residents, and fellows** are doctors in various stages of training.
- **Nurses** in the PICU/CICU have been specially trained to care for critically ill children.
- **Pharmacists** monitor all medicines and dosages during the course of your child’s illness.
- **Respiratory (breathing) therapists (RTs)** use oxygen and other therapies to help children who have trouble breathing.
- **Physical, occupational, and speech therapists** focus on increasing your child’s strength, flexibility, and function, and reducing risk during activities such as swallowing or transferring out of bed.
- **Physicians (doctors):** Several teams of doctors may be caring for your child, including PICU/CICU specialists (intensivists), surgeons, and other specialists. An attending physician heads each team.
- **Social workers** support and guide you to resources as needed during your child’s stay in the PICU/CICU.

Clinical Research

Part of our mission is to use research to find better ways to take care of children and their families. If your child qualifies, you may be asked for permission to include your child in one of our current studies. Participation is voluntary (optional), and if you decide not to participate it will not affect your child’s care.

What Can I Do To Help?

Work with your nurse to understand how to interact with your child if you are unsure during the course of their treatment. Your nurse can also guide you in maintaining safety when helping your child with bathing, feeding, diapering, and other care. We encourage you to bring in favorite toys or blankets to make your child feel more comfortable. You can also bring pictures of your child to help the PICU/CICU staff see your child the way you do.

Please ask questions as many times as needed for you to feel comfortable. Your child’s care team understands that being in the PICU/CICU can be stressful and that you may not remember everything the first time you hear it. Consider writing down the names of your child’s PICU/CICU team members and their roles. If you think of questions when the doctors or APNs are not around, ask your child’s nurse, or write them down to ask later.

Procedures

Certain procedures may need to be performed in order to help your child get better (for example, intubation, central line placement – see glossary). Unless it is an emergency, we will take the time to explain all procedures to you and ask your permission to proceed. If a procedure needs to be performed emergently, there will be people available to explain what is happening and answer your questions.

Glossary of Terms

Below are some words that you MIGHT hear in the PICU or CICU. NOT all of these words/situations will apply to your child.

Blood gas: Blood test that measures the amounts of oxygen and carbon dioxide in a patient’s blood.

CPR (cardiopulmonary resuscitation): A procedure to try to restart the heart if a patient has a **cardiac arrest**—that is, if the patient’s heart and breathing stop. This procedure combines pressing on the chest, giving rescue breathing and administering medications and sometimes electric shocks.

Cardiac monitor: Screen that shows your child’s vital signs (heart rate, blood pressure, oxygen levels, breathing rate). Your child will be connected to this monitor by several wires and cables.

Catheter (tube, line, drain): Plastic tube placed in a blood vessel (vein or artery) or another part of the body (such as a bladder catheter to drain urine).