The Pediatric Intensive Care Unit
or PICU
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We’re here to help

The staff of Phoenix Children’s Hospital’s PICU knows it is hard for families to have a child in the hospital. You may feel afraid, anxious, sad, confused, out of control or overwhelmed. So much may be happening so quickly, it may be hard for you to take it all in at once. Not knowing how things will turn out can make it even harder.

We want to help you get through this difficult time. This guide will tell you about the PICU. It will tell you what you will find here and what you can expect from us during this time.

Critically ill children go to the Pediatric Intensive Care Unit (PICU) to get the most medical attention possible. Each room in the PICU has special machines to help the staff closely watch your child’s progress. The health care team treating your child specialize in the intensive care of children.

When children need a lot of attention by doctors and nurses, we bring them to the PICU. Sometimes when children come to the PICU they need the attention of one nurse. As children’s illnesses become under control, they need less nursing care. As children improve, their nurses may care for other patients, too. When children no longer need the intense care of the PICU, we move them to another part of the hospital.

In the PICU we have family-centered care. We want you involved in your child’s care here. We will tell you why we are doing what we do for your child. Ask us questions. Ask them again until you understand the answers. We want you to understand, so you can make the best decisions about your child’s care.

Your child will get the best care possible when we work together.
Visiting

To best care for your child, we limit visitors to two at one time. When it is medically safe, we will let you have time alone with your child.

In turn, there will be times when the health care team needs to be alone with your child. During some examinations and procedures, visitors may be asked to leave the child’s bedside.

Thank you for working with us to give your child the best care possible.

You must take care of yourself, too. You will be the best help for your child if you eat, sleep and wash as usual.

If brothers and sisters would like to visit in the PICU, please let your child’s nurse know before bringing them to the hospital. During the winter, children less than 12 years old may not visit. Colds and the flu are more likely in the winter, and we don’t want children who are already sick to catch them.

☐ yes ☐ no  If you want to learn more, ask your nurse for the handout: Respiratory Viruses #813

If you feel you need to stay in the hospital overnight, please tell your child’s nurse. One parent may sleep at the bedside. There is room for a few parents to stay in the parent lounges and the 4D playroom. Ask if you need a list of hotels in the area.

When you are unable to be at the hospital, you may call us for information about your child’s condition. The phone number for your child’s nursing stations is:

☐ 1D: (602) 546-1818  ☐ 1E: (602) 546-1834

You are welcome to call at any time for information on your child. However, we will give out information to parents or guardians only.

Your child’s room number is ___________________

The telephone number in your child’s room is ___________________
The Health Care Team

There are many people on your child’s health care team. They work together to meet all your child’s needs.

You
You are the most important member of your child’s health care team. You are your child’s biggest support. Bring some familiar items from home to help your child feel safe in the hospital. These may be toys, blankets, pillows, audio tapes or pictures. Be an active part of your child’s care here. You may touch, feed or wash your child, sing or read to your child. Ask questions when you don’t understand something. We want your child to feel comfortable and safe in the PICU. If you bring something in from home for your child, put your child’s name on it.

Intensivist
Phoenix Children’s Hospital has pediatric intensivists. These doctors have special training in pediatric critical care. An intensivist may be in charge of your child’s care. An intensivist is in the hospital 24 hours a day. Get to know your child’s intensivist, because this is the person who can answer many of your questions. There may be a different intensivist at night or each week, but they all know about your child’s care.

Residents or House Staff
Many doctors come to Phoenix Children’s Hospital to learn how to better take care of ill children. Since this is a teaching hospital, a resident will work with your child’s intensivist or pediatrician to care for your child. At the same time, the resident gets to learn from the intensivist. The residents in the PCCU change every month.

Medical Consultants
Your child may need a specialist when in the PICU. If so, the doctor will ask one to see your child. They may specialize in areas like Neurology (brain), Cardiology (heart), Nephrology (kidney), Pulmonary (lungs) or Infectious Disease (germs).
Clinical Care Coordinator or Relief Charge Nurse
The clinical care coordinator (CCC) or relief charge nurse (RC) runs the unit. The nurse attends the doctor’s rounds to understand the care each patient needs. She assigns the nurse that cares for your child, prepares for new patients coming in and helps patients transfer smoothly from the PICU to other units. Sometimes she helps nurses care for patients. The CCC or RC wants to hear how you feel about your child’s care in the PICU.

Bedside Nurse
The nurse at your child’s bedside has special training in pediatric critical care. The nurse is in charge of your child’s care. The nurse gives your child the medicines and treatments needed, and watches for your child’s response. The nurse gets to know your child and comforts your child when you are not there. The nurse tells you what she does and why, and answers your questions about your child’s condition and treatment. The nurse gives you and your child support. If you want, your nurse can help you speak with a doctor, social worker, chaplain or community resource.

Clinical Nurse Specialist
Your child may need a nurse specialist when in the PICU. If so, the nurse will ask one to see your child. These nurses are called clinical nurse specialists. They may specialize in areas like Neurology, Diabetes, Nephrology, Pulmonary or Infectious Disease.

Respiratory Therapy
Respiratory therapists help people breathe better. They manage the breathing machines (ventilators), give tests and treatments and help to suction mucus from the airway.

Social Services
Social workers can help you solve problems with non-medical needs, such as money and travel. Social workers support you by finding help in the community that meets your needs. Your nurse can help you speak with a social worker.

Chaplain
When your child is in the hospital, you may want spiritual support. Your nurse can help you speak with a Chaplain. You may also invite your own religious
leader to visit you and your child in the hospital. You may have private time for prayer at the bedside.

**Hugger Volunteers**
Volunteers can visit your child when you are not there. They can play with or hug your child or just be a friend.

**Physical Therapy, Speech Therapy or Occupational Therapy (PT, ST or OT)**
Physical therapy or occupational therapy may be ordered by your doctor for your child. Not all children need their services. Physical therapists help your child exercise to make muscles strong. Speech therapists help your child speak and eat. Occupational therapists help your child learn the skills needed everyday, like eating and changing clothes.

**Your Child’s Primary Care Practitioner (PCP)**
Your child’s primary care practitioner (PCP) may be a pediatrician, a family practitioner, or a nurse practitioner. Your child’s doctor knows your child’s medical history and can help the PICU doctors understand your child better. If your child does not have a PCP, we can help you find one.

**Child Life Specialist**
Child Life Specialists are trained in child development, and may use play therapy or other ways to help your child through new experiences in the hospital. They may also work with your child’s brothers and sisters, to help them understand and express their feelings.
Words to Know

Here are the meanings of some words you may hear in the hospital.

**acidosis**  Too much acid or hydrogen ion in the blood and body tissues. The normal human body produces acid which is eliminated by the kidneys and lungs. When the body produces too much acid or cannot eliminate it fast enough, it may cause the heart, kidneys, and other major organs to fail. This is acidosis.

**alkalosis**  Too much alkali in the blood and body tissues. The acid in the normal human body is balanced by alkali. If too much alkali is given or if too much acid is lost, this causes a disturbance in the normal chemical balance of the body. This is alkalosis.

**airway management**  The treatments that help a person breathe. They keep the airway (nose, mouth and windpipe) open, clear and working.

**antibiotics**  A medicine used to kill or control germs like bacteria. Antibiotics fight infections caused by bacteria.

**arterial blood gas (ABG) and capillary blood gas (CBG)**  These are blood tests used to measure pH, oxygen and carbon dioxide in the blood.

**cardiac**  Having to do with the heart.

**chest tubes**  Tubes that let extra blood, fluids or air to drain out of the chest.

**CPT, respiratory care**  A treatment given by a respiratory therapist to clear a child’s lungs. The chest area is clapped with a cupped hand or a small plastic cup to loosen mucus. This is coughed up or suctioned out with a small tube.

☐ yes ☐ no  If your child will need CPT treatments at home, ask your nurse for the booklet:  How to Do Chest Physical Therapy (CPT)

**culture**  A sample of blood or other body fluids tested for germs. Results take one to four days.

**electrocardiogram (EKG or ECG)**  A test that shows if the heart has been hurt. It senses the electrical activity of the heart and draws it on paper or a screen.
EKG, Electrocardiogram #511

Electroencephalogram (EEG) A test that shows if the brain has been hurt. It senses the electrical activity of the brain and draws it on paper or a screen.

EEG: Electroencephalogram #297

Endotracheal tube (ET tube) A plastic tube that helps with breathing. The tube is put into the airway. The tube can be used to send oxygen to the lungs, to remove fluid and mucus from the lungs or to help with breathing. When this tube is in, your child will not be able to speak or make noise.

Extubation When the endotracheal tube (ET) is taken out.

Floor status When the child is no longer in critical condition, and is well enough to be transferred to a regular hospital floor.

Foley catheter A tube put into the bladder to drain urine.

Hyperalimentation (hyperal) or TPN (Total Parenteral Nutrition) Nutrition that can be given through a vein when a child cannot eat. Hyperal, like food, has vitamins, minerals and energy. Since it doesn’t get into the body through the mouth, it lets the stomach rest and heal.

Intensive care status (1:1 or 1:2) One nurse is assigned to one or two children.

Intermediate care status (1:3) or IMC When a child in the ICU does not need a nurse at all times, but still needs to be watched carefully. 1:3 means one nurse cares for three children.

Intubation When the endotracheal tube (ET) is put into the airway.

Isolation Keeping a child separated from others. When the child has a germ that can spread, isolation keeps others safe from it. Isolation can also keep the child from catching germs from other patients.
intravenous (IV) A small plastic tube that is placed in a vein. It can be used to give medicine and fluids.

☐ yes ☐ no If you want to learn more, ask your nurse for the handout: IVs #107

**monitor** A machine that shows how your child is doing. It looks like a TV screen. It gives a picture of the heart rate, breathing rate or blood pressure.

**nasogastric tube (NG tube)** A small plastic tube that goes through the nose and into the stomach. It can be used to give liquid foods or to take out extra fluids or air.

☐ yes ☐ no If your child will be fed by NG tube at home, ask your nurse for the booklet: How to Feed Your Child Through a Nasogastric (NG) Tube #62

**neurologic** Having to do with the brain or nerves.

**NPO** No food or drink by mouth.

**Oucher scale** Pictures the nurse can show your child, so your child can point to show if he or she is in pain, and if so, how much pain.

**Patient Profile** We care about not just your child’s illness, but also about your child and your family. When your child comes to the PCCU, we will ask you many questions and fill out a form called a Patient Profile. This includes information like how many brothers and sisters your child has and what your child likes to do for fun.

The same nurses and doctors may not care for your child every day. You may think the new faces are strangers. However, they learn about you and your child by reading this form and by talking to other members of the health care team.

**pediatrics** The health care of children. A doctor or nurse may specialize in pediatrics.
pneumonia  An infection of the lungs. It makes fluid or pus collect in the lungs. Pneumonia may be caused by bacteria, viruses, chemicals, food or fluids.

pulmonary  Having to do with the lungs.

respirator or ventilator  A life support machine that helps a child breathe by putting oxygen into the lungs. It is attached to an endotracheal tube (ET). It is used to help breathing or do all the breathing for your child.

rotate  Some members of your child’s health care team take turns in different parts of the hospital. These turns are called rotations. For example, residents rotate through the PCCU every month.

rounds  When members of the health care team get together they go around the unit, and talk about each child’s latest test results and plan of care. These rounds are usually held early in the morning. You may listen to your child’s report and ask questions.

sepsis  An infection in the blood or through the body. It can be caused by many different germs.

suctioning  Using a machine to pull out extra mucus or other body fluids.

small volume nebulizer or SVN  Medicine given by mist can help a child breathe by keeping the airway open and working. The machine that makes the mist is called a nebulizer.

☐ yes ☐ no  If your child will need SVN treatments at home, ask your nurse for the handout: How to Use a Small Volume Nebulizer (SVN) #31

tracheostomy or trach  A small hole placed into a child’s neck, by surgery, to help breathing. It can also make it easier to take extra fluids from the lungs. A tracheostomy tube or trach tube is placed in the patient’s tracheostomy hole.

☐ yes ☐ no  If your child will go home with a tracheostomy, ask your nurse to teach you how to care for it.
ventilator, vent, or respirator  A life support machine that helps a child breathe by putting oxygen into the lungs. It is attached to an endotracheal tube (ET). It can be used to help breathing or do all of the breathing for your child.

vital signs  Blood pressure, heart rate, respiratory rate, temperature, and pain. These are key signs that show how the child is doing.

If there are other words you hear and don’t understand, ask questions. We studied a long time to learn how to take care of your child in the critical care unit, and you are trying to learn it all at once. Several people may have to explain to you what we are doing before you understand. That is all right.
Questions Many Parents Ask

1. Does an alarm always mean trouble?
No, an alarm does not always mean trouble! Alarms can sound when a treatment is being done or when the nurse is checking the machine. Sometimes there is a false alarm when the child moves or a wire comes loose. Alarms just tell the nurse to check to see if there is a problem.

Many alarms in the PICU can be checked from a monitor at the main desk. Sometimes the nurse is at the desk, hears the alarm, checks why it is going off and turns it off from the desk. Even when no member of the health care team is in the room, your child is being cared for.

2. Will my child be left alone without someone to watch him?
While your child is in the PICU, he or she is watched very carefully. Even when your child’s nurse is out of the room, the monitors will alarm if there is a problem. When an alarm goes off, a nurse will quickly check why.

3. Is a doctor available in the PICU?
Yes. Even if you do not see a doctor, there is one nearby. Doctors are available 24 hours a day.

4. Will my child be in pain?
We will do everything we can to keep your child comfortable. Still, there may be times when your child is uncomfortable or in pain. Pain may come from the illness or injury, or from certain treatments. Tell the nurse your child’s way of showing pain. There are many ways the nurse can help your child be more comfortable. The nurse may give your child medicine or help your child relax. If you child keeps busy watching TV or playing, the pain may not bother him or her so much.

5. How long will my child have to stay in the PICU?
How long your child stays in the PICU depends on what your child needs. Some children stay in the PICU for one or two days, others for much longer. As long as your child needs to be watched carefully or needs special treatments, he or she will stay in the PICU. Your child will not be moved to another hospital unit until it is safe to do so.
6. If I have questions about my child’s illness or treatment, who do I ask?
Ask your child’s health care team those questions. Start with your child’s nurse. If the nurse can’t answer your question, she or he will find someone who knows the answer. No question is stupid. Ask them all. If you are worried, anxious or not getting enough sleep it may take longer for you to understand. Be patient. Ask questions over until you understand the answers.

You may feel out of control because you don’t understand everything that is happening to your child. Once you understand your child’s illness or treatment better, you may feel more in control. Write down all your questions as you think of them.

☐ yes ☐ no  If you want to learn more, ask your nurse for the handout:  
You’re on the Health Care Team #167

If you have any questions or concerns,
☐ call your child’s doctor or   ☐ call __________________________

If you want to know more about child health and illness, visit our library at The Emily Center at Phoenix Children’s Hospital
1919 East Thomas Road
Phoenix, AZ 85016
602-546-1400
866-933-6459
www.phoenixchildrens.com

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