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## Paediatric Intensive Care Unit

This section will tell you all about what happens to patients on the paediatric intensive care unit (PICU). Many things happen and it can all be very confusing.

Not everyone will remember everything about being in intensive care. They may have the odd memory or flashback, but for the most part, people can't remember much usually. Anyone who has been a patient in intensive care is very surprised to hear about how sick they were and surprised that they were on so many different machines.

Read as much of this section as you want. If you have questions about the sorts of things that happened to you. You might find it helps you understand.

The questions people have are:

- **Why did I need to go to intensive care?**
- **Did I nearly die?**
- **Intensive care was frightening. Why is it so bad?**
- **Why did I have that tube in my mouth?**
- **What were all of those strange noises?**
- **Why did I need 'suctioning'?**
- **Why couldn't I go to the toilet?**
- **Did my friends and family come and see me?**
- **Why did I feel so ill after coming down from intensive care?**
- **I kept seeing things that weren't there. Why is this?**

### Why did I need to go to intensive care?

You needed to go to intensive care because you were extremely sick. Anyone who is intensive care is there because their body is in organ failure. This means that something in their body is so poorly it isn't working properly. With a head injury can mean the brain is badly damaged. As the brain controls all of the other organs in the body, a poorly brain means a poorly body.

In intensive care there are specially trained doctors and nurses, and special equipment that can take over for the poorly organs. Usually, with time and patience, the poorly organs recover and the body starts to work properly again. Then you don't need to be in intensive care anymore.





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Very poorly people can sometimes have 'multiple organ failure' which means they need lots of machines to help their body get better.

## Did I nearly die?

It is sad but true, any person who is in intensive care is very sick and could die. That said, most people who go to intensive care do very well. Sadly, some people do die because they are just too sick to stay alive.

You sometimes hear on the television that people are on 'the critical list'. There is no such thing; everyone in intensive care is very poorly.

## Intensive care was frightening. Why is it so bad?

Intensive care is perhaps one of the most frightening and stressful places on earth. Anyone there is very sick and their family will be very worried about them.

Children's intensive care can be even more stressful because your parents would have been with you the entire time and were very worried you were going to die.

Intensive care can also be a very stressful place for the doctors and nurses too, so with everyone being so stressed and feeling so sad it makes intensive care a very unpleasant place to be.

There are also lots of strange noises and that can be very frightening.

It is not uncommon for patients to talk about the 'funny atmosphere' in intensive care and that's why!

## Why did I have that tube in my mouth?

Having a tube in your mouth or nose is one thing that most people who have been in intensive care remember. They say how uncomfortable it felt and that it was very frightening.

The tube is called an ET tube which stands for endo-tracheal tube. The tube was there to keep your airway open so that you could breathe. You would also have been on a special breathing machine called a ventilator. The ventilator blows oxygen into the lungs so that you can breathe. This is sometimes called artificial respiration as it is not





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something you are in control of because you would have been kept asleep.

In head injury, there is a very good reason to keep you deeply asleep and on the breathing machine. This is because the doctors and nurses want to keep your brain calm. By controlling your breathing they can also control your 'blood gasses'. This is very complicated but basically means they can control how much blood is going to your brain. They can reduce the blood to the brain or increase it depending on how your brain is doing and how the injury is affecting you. The idea is to give the brain plenty of oxygen without squashing the brain in the skull by having too much blood going up to it!

When the doctors think it is safe for you to breath by yourself, and they aren't too worried about the pressure inside your skull, they take the ET tube out so that you can breathe normally.

## What were all of those strange noises?

Anyone who has been in intensive care will remember the amount of strange noises all around them. This can be really frightening as the noises are very loud and unrecognisable.

If you were laying in an intensive care bed with all of those noises around you it can be very upsetting. It's hard to tell you what all of the different noises are but this section will tell you about some of the common noises you may have heard whilst you were there:

**Lots of beeping:** All of the machines that were used to help you get better would have 'beeped' at some time. The 'beeps' are there to tell the nurses something about the equipment like for example, that the battery is flat or maybe that the medicine they were giving you has finished. Television can sometimes give people a very strange impression as to what all of those 'beeps' mean. Maybe you were lying in bed worrying about the beeps. Some people worry that the beeps meant that they were going to die.

The machines told the doctors and nurse about your 'vital signs' such as your heart rate. The nurses usually turn this beeping off. The lines and squiggles on the screen can tell the nurse how you are doing and all that beeping can drive people nuts!

A real problem in intensive care can be your parents, friends and family! They can worry so much about all the beeping, noises and





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funny equipment that they get themselves really stressed. They can get so stressed that they start to stress you out too.

There are lots and lots of different beeps and they all mean lots of different things. They were all part of keeping you safe and getting you better. Thankfully, you are out of hospital now and you are away from all of those 'beeps' too. If you need to talk about those 'beeps', ask someone around you who knows, like a doctor or a nurse. You will be glad you did.

**The ventilator (rushing air sound):** The breathing machine called the ventilator makes lots of sounds and can be extremely frightening. Maybe you heard it beeping or making loud banging or crashing noises. Sometimes you can hear the air coming from the machine which sounds a bit like rushing air or a loud tyre puncture. It's all very scary because you can't see where the noises are coming from or know what the noises mean. Your nurse would have been keeping a close eye on it though. If you can remember anything about this, maybe it would be a good idea to talk to someone and ask them what was happening. Things can seem less frightening when you understand what they are all about.

**Lots of talking:** It can be difficult trying to get any sleep in intensive care. There are so many people around your bed all day long and everyone is talking. This can be really distracting and upsetting. A lot of the time people would have been saying lots of things that you wouldn't have understood at all. Maybe people spoke using funny or complicated words or even abbreviations like 'ABI'. It's almost as if everyone else was talking in a code and you didn't understand. Sometimes, patients can hear things that perhaps they shouldn't. Sometimes, people say some really silly or scary things by the bed or mention something that may cause you to worry. You may have even heard people crying or being really upset. This can be very scary too.

Occasionally, people can still remember these things when they came out of hospital and wonder what it all means. Did you hear anything when you were in intensive care that made you wonder what was happening to you? It is probably a good idea to talk to one of your friends or relatives. They may be able to help you feel better about some of the things you heard.

## Why did I need 'suctioning'?

When you had a breathing tube in you would have needed suction to keep your tube clear. It's a bit like coughing. When you need to clear your throat you have a big cough. When you are lying flat, on the





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breathing machine, the nurses need to clear the coughs out with suction.

This can be uncomfortable and very frightening. Most people hate having suctioning and this is perfectly normal. Hopefully you won't remember too much about it but if you need to talk about it, mention it to someone who was with you when you were in intensive care.

## Why couldn't I go to the toilet?

You couldn't go to the toilet when you were in intensive care for many different reasons but mainly because you were just too poorly. You couldn't even stand up never mind go to the toilet.

Most people will remember having a urinary catheter in. This is a special tube that goes into your bladder so that you can wee straight into a bag. In boys a tube is inserted into the penis and in girls, the catheter goes straight into the bladder as a girls urethra is much shorter. Having the tube in can feel uncomfortable and most people are really glad when it comes out and they can go to the toilet normally.

Sometimes, you may be very sick and can't even produce urine. In this case you would have gone onto a special machine that cleans the blood. These can be very noisy and 'beep' an awful lot!

## Did my friends and family come and see me?

Both your friends and family would have come to see you in intensive care. Your parents were allowed to visit you anytime. In fact, most parents stay with you the entire time you are there. Your friends can come too although having too many visitors can be quite tiring when you are poorly so the nurses might have restricted the amount of people by your bed.

## Why did I feel so ill after coming down from intensive care?

A lot of people who go to intensive care come out feeling really very tired and lethargic. This can come as quite a shock because they hope to be feeling better again.

Having an ABI can make recovery slow as there are so many different things that can go wrong with the brain. Sometimes when you have



been very ill and spent a long time in bed, it can be hard to get up and start to do things again.

### **I kept seeing things that weren't there; why is this?**

When you were in intensive care, you would have had lots of medicine to help you with pain and help you feel sleepy. It's not uncommon for you to feel funny when you start to come off medication like morphine and midazolam. Sometimes there can be unpleasant side effects like hallucinations and feeling really ill, confused and frightened. If this is still bothering you make sure you mention it to someone.



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