



Children visiting the Intensive Care Unit

Useful information for
parents and relatives



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Introduction

For many families, critical illness is unexpected. This means there is no time to emotionally prepare, and it can be difficult to understand what is happening. Along with the many worries you may have, it can be hard to know the best way to help the children in your family.

As adults, our first instinct may be to shield our children from the situation to protect them, as they may be too young to understand. We may also feel that we don't know how to explain to children about what is happening to their relative in the intensive care unit (ICU).

The truth is children can sense the anxiety and stress that adults are experiencing, and they may worry or imagine the worst.



Should I bring my child to visit a loved one in ICU?

- This can be a difficult decision to make for parents or carers. Your decision may depend on the age of your child and the condition of your loved one in the ICU.
- We know that research evidence shows that children over four years old may find visiting a sick relative helpful, as it makes them feel included and reduces their feelings of separation and fear. Ask your child whether they wish to visit. Do not force your child to visit if they would rather not.
- The decision does lie with you, but we can help. Ask the ICU staff caring for your loved one and they will be able to provide you with practical suggestions to support a visit, or they may refer you to the ICU social worker for further support.
- Discuss with the ICU staff before bringing children to the unit and talk to your child about it. If your child decides they want to go into the ICU, prepare them for what they might see, including the machines, what they do, and how the patient might look. How this is explained will depend on your child's age and developmental stage.

The next section provides some age-specific considerations and practical suggestions. The ICU social worker is also available to provide support and guidance.



Age-specific considerations

Infants Babies aged less than one year old do not have a fully developed immune system. Therefore, we do not encourage them to visit. However, please speak to your nurse to discuss options.

Toddlers Young children aged less than three years will often want to see close relatives who are in ICU (such as parents, siblings and grandparents). They will not be able to understand what is happening and they may find it a frightening and scary place. If you decide that they should visit, they should be with an adult to ensure that both the patient and the child are kept safe and the adult can explain, in very simple terms, what they see. Ideally, the visit should be kept fairly short.

Children aged 3 to 6 years Some children of this age benefit from visiting a sick relative, whereas others may find the experience upsetting. Spend some time talking about what they will see before and during the visit. Children of this age may wish to draw a picture for their relative that can be kept at their bedside. Children in this age group should always visit with an adult and the visit is best kept short.

School-aged children They may wish to visit their sick relative. They need the situation explained to them, and they are encouraged to ask questions, allowing any misunderstandings to be cleared up before the visit. They should not be left without an adult's company. The duration of the visit depends on their comfort level with the ICU environment and their relative's condition.

Adolescents They may wish to visit their sick relative. Although they may fully understand the situation, it is important that they are supported by an adult and encouraged to ask questions to clarify any misunderstandings.

If you have any questions or concerns, please feel free to ask our staff. If you need further information or support, the ICU social worker is available and can be contacted through the bedside nurse.

Infection control

Please help your child to perform hand hygiene using the antiseptic hand rub before and after the ICU visit. The antiseptic hand rub can be found at the entrance to ICU, and at each bedside within the unit.



How can I support my child?

Before the visit

- Talk to them before their visit about what to expect: the ICU environment, how their relative may look, and staff working within ICU, etc.
- Do not bring in children who are unwell or have any signs of infections. Patients in ICU are very susceptible to infection.
- Do check that your children are up to date with their immunisations.
- Let the staff know when you plan to bring your child to visit – we will try to keep waiting to a minimum and prepare your relative in ICU.
- Be prepared for questions they may ask. Talk to the nurse or the ICU social worker about this, so they can help you explain the situation or answer any questions.



During the visit

If you do bring your children into the ICU to visit a loved one, please:

- ✓ Ensure that your child is supervised by an adult at all times. The unit has lots of electrical equipment, tubes and wires. Please do not allow children to play with them for their safety, as well as the safety of the patient.
- ✓ Be with them during the visit, make the time about them being with their family member.
- ✓ We suggest short visits by children (5 to 10 minutes) at a time. Any longer may make them bored or restless.
- ✓ Bring along books, colouring-in or a handheld game console to keep children busy while in the waiting room.
- ✓ Do ask questions, and let us know if you need extra support.
- ✓ You may wish to bring along a comfort toy or blanket for your child.
- ✓ Ensure shoes are worn at all times for the child's safety.

After the visit

- Talk about the visit and your loved one's illness once you have returned home. Your child may have questions or wish to talk about the experience with you. Encourage them to ask questions. Explain the situation in a simple way and be honest if you don't know what is going to happen – for example: "Grandpa is very sick but the doctors and nurses are doing everything they can to help."
- Remember that children can ask very blunt questions, so if you don't feel strong enough to cope with these, let the nurse know. They may be able to help or put you in touch with the ICU social worker to provide extra support.
- Try to keep to your child's routine as much as possible.



- Make sure that their school or day care is aware that you have a loved one in ICU. They can provide extra support to you and your child.
- Encourage your child to keep a diary with pictures, etc. This will make it easier for them to talk later about what happened while their loved one was in hospital.
- It's okay for your child to see that you are upset. It may even be helpful for them so they can learn about normal emotional responses, and that people can experience very difficult thoughts and feelings and be supported through these feelings.
- Once their loved one is out of the ICU, your child may need help processing what has happened. At times, it may be helpful to mention the patient's stay in hospital so your child knows they can talk about it. Let them ask questions, and ask them how they felt at that time. If your child is very young, they may find it easier to show their feelings by drawing pictures or acting out what happened. This can be a gradual process and can take several months.
- If you or your child is experiencing difficulties coping or feels overwhelmed, please speak to the nurse or the ICU social worker so you can be put in touch with people who can help.

What if I don't want my child to visit?

- It is okay if you choose not to bring your child to visit. Please try to keep them involved by encouraging them to draw pictures to send to their loved one, or record a message that can be played to them. They could even have two cuddly toys, one they keep and the other they leave with their loved one in ICU. This can help your child feel connected to the loved one in ICU, and feel included in the family.
- If they ask questions about their loved one, explain what's happening in a simple way, eg: "Grandpa is in hospital as he is feeling very sick and is sleeping a lot – that's why he hasn't been to our house for a while." Not knowing is likely to make your child feel anxious or confused.



Tips to help explain ICU medical equipment to children

Ventilator

- A machine that helps the patient to breathe when they are too sick to breathe on their own. It delivers oxygen/air in and out of their lungs. It will sound an alarm and flash lights when it needs the doctor or nurse's attention.

Breathing tube

- It allows air in and out between the breathing machine and the patient's lungs, and it is safely secured in the patient's mouth so it doesn't fall out. The patient will not be able to talk when they have a breathing tube.

Nasogastric tube

- This is a very soft tube that goes in the nose and down the patient's throat into the stomach. It helps the stomach stay empty and resting while the body is working to get better; or it can be used to deliver food and medicine to the patient. It is safely secured in the patient's nose.

Monitor

- This machine looks similar to a computer screen and helps the nurses and doctors see how the patient's body is working. There are lines and numbers on the screen that show the patient's oxygen level, heart rate, blood pressure and other information that will be helpful for the doctors and nurses when taking care of the patient. It will also sound an alarm or flash lights when it requires the attention of the nurse or doctor.

Central Line

- A small tube placed in a large vein usually in the neck or near the heart. This tube is another way to give fluids and medicine to the patient.

Infusion pumps

- Small machines that deliver medicine, fluids, and sometimes “food” to the patient’s blood through small plastic tubes.

Arterial line

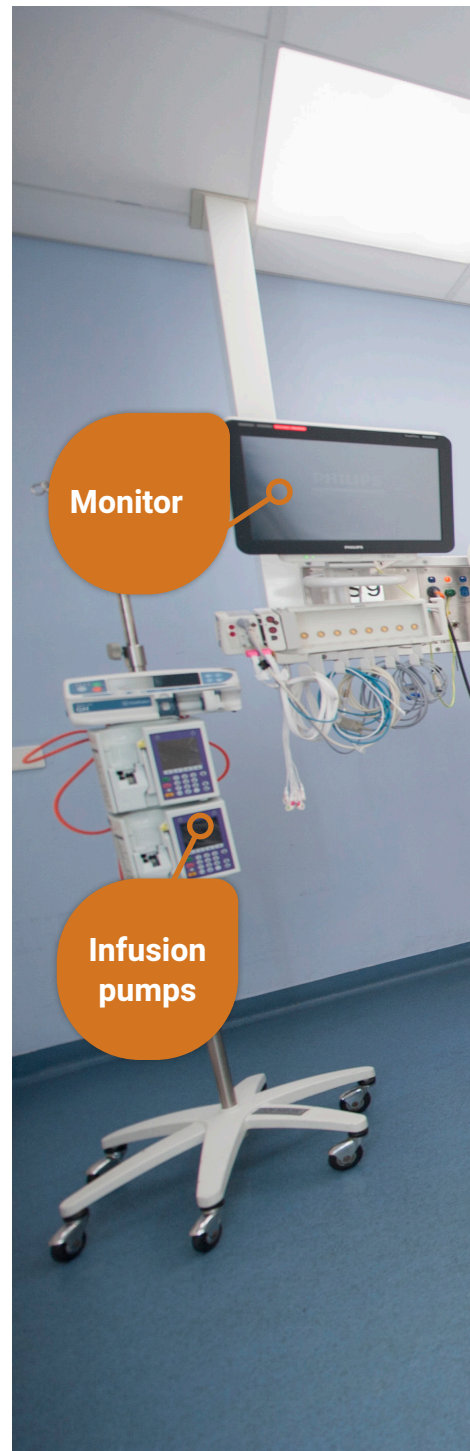
- A very thin tube which is inserted in the patient’s wrist to monitor blood pressure constantly, and to take blood samples for tests. You may see an arm board which is used to support the patient’s wrist so it doesn’t bend to block the thin tube.

Tracheostomy tube

- It is a tube placed in the neck that helps the patient to breathe. It carries air in and out of the lungs. The patient will not be able to talk when they have a tracheostomy tube.

Chest X-ray machine

- This machine takes a picture of the patient’s lungs so that doctors can see how they are working and how to take care of them.



A photograph of a hospital room, likely an ICU, featuring a patient bed with white linens, a ventilator on a stand, a sink, and various medical equipment. Two orange callout boxes highlight a ventilator and hand gel. The room has a blue carpet, a white ceiling with recessed lighting, and a framed picture on the wall.

Ventilator

Hand gel
(always
remember to
use it)

Chest tube

- This tube is placed in the chest to remove a collection of air or fluid from the lungs to help the patient breathe better. It is connected to a drainage bottle.

Catheter bag

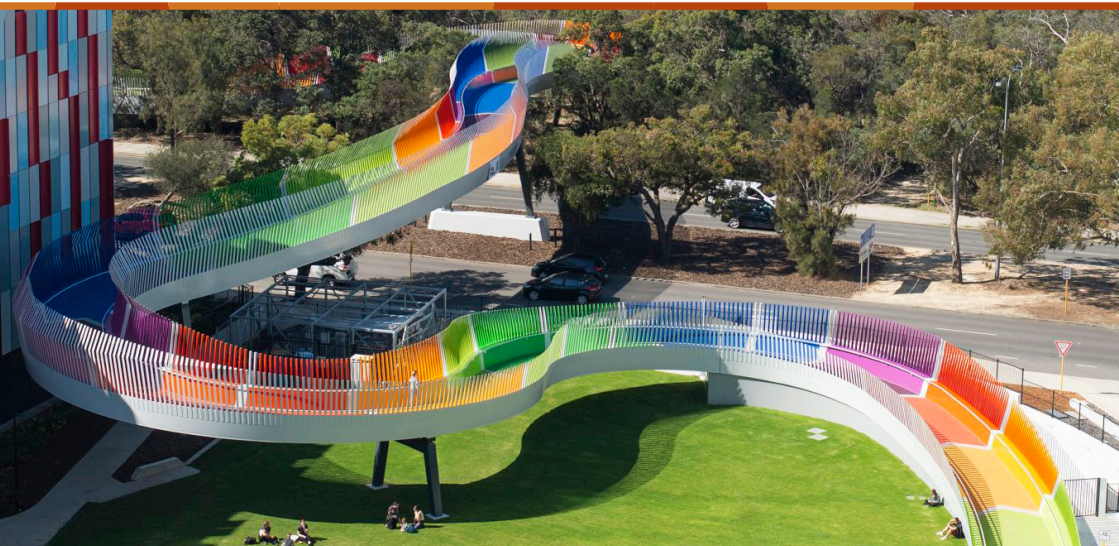
- It collects and measures the patient's urine. This helps to keep the bladder empty.

Dialysis machine

- This machine helps take away waste (things that your body doesn't need), and works like a kidney.

ICU can be a very busy and very noisy place, there are lots of people walking around, and you may also hear staff talking over a loudspeaker or speakerphone. If your children have any questions, don't be afraid to ask the nurse or a staff member when she or he is free. You may be asked to leave ICU for a while if the patient is to have a procedure or there is an emergency situation within the unit.

There are several family-friendly areas, eg: the new Perth Kids' (Koolangka) Bridge, in the vicinity of the Perth Children's Hospital where you can take children. It is good to have a break from the confined area in the ICU waiting room.



Support services and resources on site

- Social worker support
If needed, please ask the nurse to make a referral for you.
- Chaplaincy and spiritual services (24/7)
Please speak to the nurse to request a visit from the chaplain.
 - ✓ Hospital chapel
Ground floor, E Block, is always open and holds regular services (Sunday 11am, Wednesday & Friday 12.10pm)
 - ✓ Muslim prayer hall
Ground floor, G Block, next to the hospital library.
- Interpreter services
Please ask the nurse to make a request if you need it.
- Breastfeeding and parent room - please refer to the booklet *Visiting the Intensive Care Unit - Useful information for visitors* (page 14).

Other resources or useful contacts

- Kids Helpline 1800 551 800
- Headspace 1800 650 890
- For more information and useful resources for families, friends and patients in ICU, please check the website of the Intensive Care Foundation: www.intensivecarefoundation.org.au
- ICUsteps is an intensive-care patient and relative support charity based in UK, which provides useful information for families. Please check their website for details: <https://icusteps.org>

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This document can be made available
in alternative formats on request.

