Supporting the family of child/young person who is critically ill

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Key Amendments made to this document:

Date	Amendment	By:
19th Nov 2020	Document extended for one year	Dr J West/ Paediatric QIM
26th March 2021	Document approved with no amendments	Paediatric Guideline Review Day Meeting
9th Feb 2024	Addition of Interpreting Services	Paediatric Guideline Review Day Meeting
18 March 2025	Interpreting Services details updated. Parent Information leaflet format updated.	D Picken Paediatric Governance Meeting

Introduction & Definitions

Introduction

Having a child who is suddenly very sick is an enormous stress upon the family. A crucial factor influencing the ability of families to cope with a crisis will be how well their psychosocial needs are met by staff. A qualitative study by Noyes revealed the major impact of crisis on mothers immediately following their child's critical illness and admission to PICU (The acutely or critically sick or injured child in the district general hospital: A team response [2006]).

It is hoped that this guideline will enable all staff coming into contact with this group of families to offer high quality care and compassionate support.

Definitions:

Parents: used to include mothers, fathers, carers and other adults with responsibility for caring for a child or young person.
CYP: Child and young person aged 0-17 years and 364 days. ED: Emergency Department
KIDS: Kids Intensive Care and Decision Support PICU: Paediatric Intensive Care Unit

Details

It is important to recognize that resuscitation and stabilization of a critically ill CYP can take place in a number of departments for example:

- ED
- CYP inpatient ward
- Theatre

On first contact, staff should identify children and families requiring extra support, for example those who need interpreters or advocates, and children with special needs, including disabled children.

Interpreters, Spiritual / Interfaith Support, Patient Advisory Liaison Service, Advocacy and Children's Social Services can be utilized as needed.

Priority should be given to providing immediate support in a culturally and ethnically sensitive manner.

If English is not the family's first language, interpreting services can be engaged via Word360 which can provide:

All video interpreting including on-demand interpreting - straight from your laptop
All telephone interpreting
All face-to-face interpreting
British Sign Language (BSL) and all other non-spoken services
All document translation

Bookings must be made through a secure booking portal called Wordskii

The Trust has access to On-Demand Interpreting machines located in The Capacity Hubs and Emergency Departments.

Face to face interpreting would be the preferred choice, however if time sensitive discussions / decisions need to be made telephone interpreting can be considered.

It is crucial that staff is open and honest with the parents; they should be encouraged to ask questions and any misunderstandings clarified. This helps to keep the parents fully informed of their child's care and treatment, enabling them to participate in their child's care as they feel able, or want to and ensures that they have sufficient knowledge and understanding to be involved in decision making to the fullest extent possible. Verbal information should be reinforced with written information (including translation if required) wherever possible.

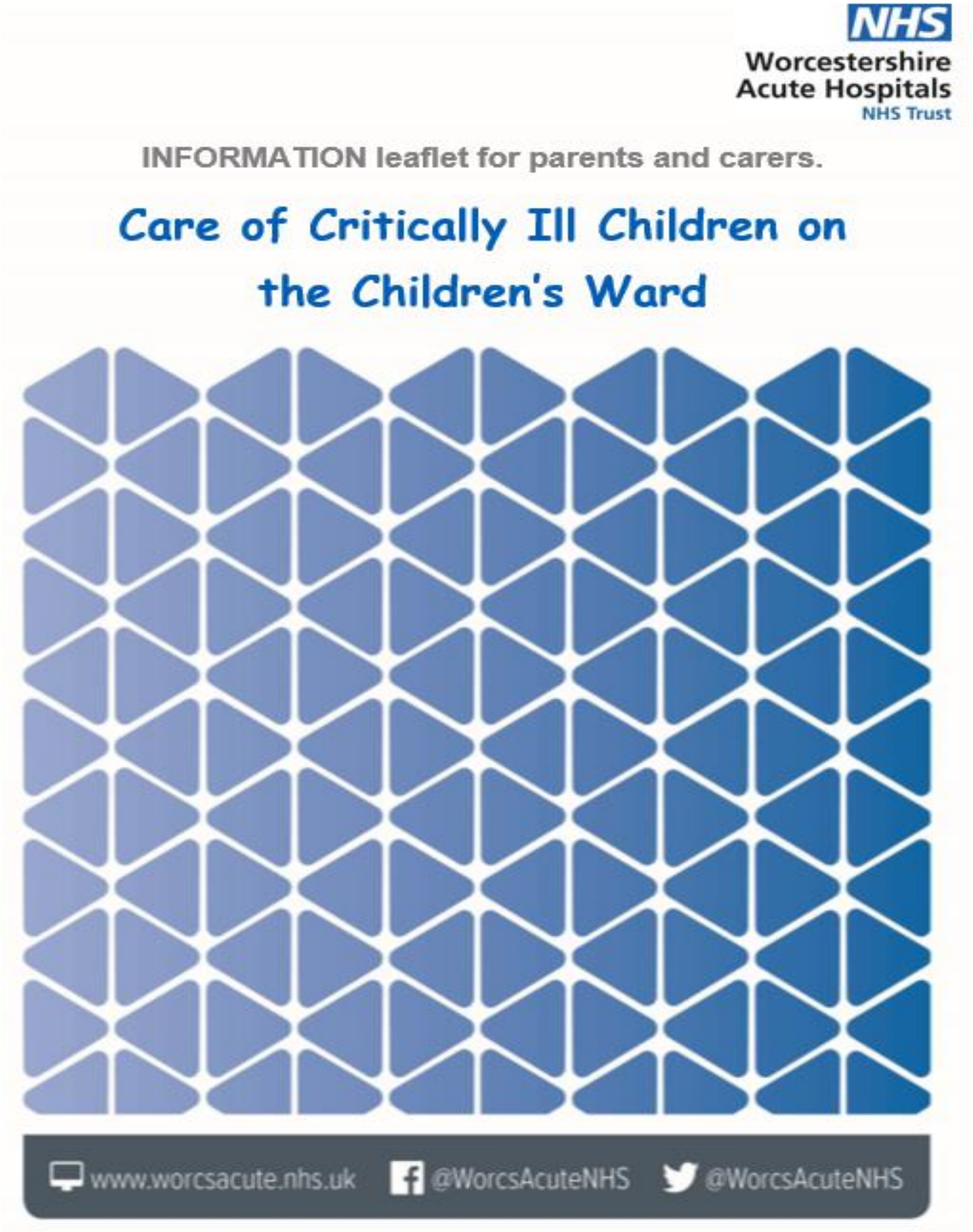
Parents should have access to their child at all times, except when this is not in the best interests of the child. The parents must be offered practical help in the form of:

- Access to Free Parking: arranged at WRH via Security and at the Alexandra Hospital via the Duty Manager
- Food and drink, either through existing department supplies or via catering department
- Parent / Visitor Information about the department – telephone contact details, visiting arrangements etc.
- Access to sleeping and washing facilities for the parents.
- Access to quiet areas, such as Parents / Relatives Room
- Access to private areas for sensitive discussions and breaking bad news if applicable
- Should the child require the services of the KIDS team, it is likely that the parents can accompany their child in the ambulance.
- If it is not possible to accommodate the parents in the ambulance it should be recognized that it may not be appropriate or possible for the parents to follow in their car. In these circumstances a taxi will be provided to take the parent to the accepting PICU. This can be arranged via Alexandra Hospital switchboard and the cost charged to the referring department's budget. Out of hours permission may be needed via matron or manager on call.
- Should the parent wish to drive themselves to the accepting hospital, they should be advised not to follow the ambulance and given directions or post code for use in a Satellite Navigation device.
- Written Information of accepting PICU should be given to the parents, this should contain maps/directions to the PICU, contact numbers and information about the unit.

Staff involved in the care of this group of CYP must have excellent communication skills and can refer to:
Appendix 1: Care of Critically Ill Child. An Information Leaflet for Parents and Carers.
Appendix 2: Nursing care plan for Communication Needs for the Critically Ill Child and their Family

Appendix 1

Parent / Carer Information Leaflet



NHS
Worcestershire
Acute Hospitals
NHS Trust

INFORMATION leaflet for parents and carers.

Care of Critically Ill Children on the Children's Ward

www.worcsacute.nhs.uk @WorcsAcuteNHS @WorcsAcuteNHS

Your child has been admitted to the children's ward in order for doctors and nurses to find out what is making them poorly and to start to treat them.

It may be that your child is too poorly to understand what is happening to them or that they appear too asleep to be able to hear you. Even if your child appears asleep it is important that you keep talking to them as sometimes, they can hear you.

We understand how scary it is for parents and families when their child is very poorly and we want you to feel able to talk to the staff about problems or things you don' understand.

Lots of people will be doing tests and procedures to your child and we will try to explain these as we go along and make sure you are happy for these things to be happening to your child.
This is called consent and we have to be sure you understand the procedure, why we are doing it, and that you are happy to give permission for us to do it.

It may be that your child becomes so poorly that they need to go to a specialist centre such as a children's intensive care unit. We will tell you if this is the case as early as we can. It can sometimes take a little time to find a bed on one of these units and we sometimes have to ring lots of hospitals.

These hospitals may seem a long way away, but they offer the sort of care your child will need and they will try to transfer you back to your local hospital as early as is safe for your child.

Once the bed has been arranged a team of doctors and nurses specially trained to transfer very poorly children between hospitals will come in an ambulance to collect your child. This is called the retrieval team.

Depending on how poorly your child is, the hospital doctors and anaesthetists may decide to put your child on a breathing machine and this is usually done in the anaesthetic room. This can also be done in accident and emergency or on the ward, as these are also safe places to put your child to sleep. This does not mean your child is having an operation in the hospital, but it is the place where the anaesthetists have all the equipment they need to hand.

The hospitals we usually use are Birmingham Children's Hospital, Royal Stoke University Hospital, Queens Medical Centre Nottingham, Bristol Children's Hospital.

When the retrieval team arrive, they will make sure everything they need for your child on the journey is set up safely and then transfer them in an ambulance back to their specialist unit.

It is absolutely vital that you do not try to follow the ambulance to the hospital as they may be travelling with blue lights and it is very dangerous to try and follow. You must make sure that you have a map and/ or directions and make your own way to the hospital, find somewhere to park and then make your way to the unit where your child is to be looked after.

You may find that you cannot always go straight in to see your child as the staff will be settling them in and setting up drugs and machinery. As soon as it is safe for you to go in, they will call you in.

If you have any questions about the information in this leaflet, please ensure you ask your nurse.

Please also remember that the care plan used by the nurse has room for you to write things you think of in it.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences. Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.

Appendix 2
Riverbank / Emergency Dept
Worcestershire Acute Hospitals NHS Trust

Please attach patient sticker here or record:

Name:………………………………………………………..…

Unit No: ……………………………………………………….

NHS No:…………………………………………………………….

D.O.B: ………/…………/……

Care Plan Commenced by: ___________________

Role: ___________________

Date: ___________________

Nursing care plan for Communication Needs for the Critically Ill Child and their Family

Plan No: _____	**Amended to:**	**Signature Date and time**
Problem: **Child and family have increased communication needs due to critically ill status of child.**		
Outcome: To offer open, honest and clear communication between the medical team, nursing staff, child and family.		
Plan: • Handover of child received from admitting source i.e. Emergency Department, GP, Open Access, parents or from previous shift. • On receipt of handover of the child the member of staff allocated to care for the child and the nurse in charge to introduce themselves to the child and family. • During handover an assessment of the child's condition should be performed, ensuring that the doctor is aware of any changes. • The parents should be encouraged to stay close by to their child and to keep talking even if they appear to not to be hearing their parents. • Provide parents with information about available facilities for example, canteen opening times, parents coffee room, showering facilities and sleeping arrangements. • Parents should be encouraged to stay		

with their child at all times (except when this is not in the best interest of the child). • Offer parents the opportunity to take drinks and meals either with or away from their child according to their preference. Drinks and meals can be obtained via ward supplies and / or catering department • Any equipment or medical devices used during treatment should be explained to the child and family. • Parents should be updated by senior medical staff at least daily or more frequently if their child's condition or care changes. • Parents should be given the opportunity to speak to a doctor if they are concerned about any aspect of their child's treatment or care. • Ensure parents are aware of their child's condition by providing open, honest and clear information. • Ask parents to clarify their understanding of their child's condition in their own words. Spend time answering any questions. • Encourage and support parents to participate in the care and decision making. • Offer appropriate information to the child about their condition, answering any questions honestly to enable them to share in the decisions about their care. • Sensitive conversations to be held away from the child in a private area, ensuring a member of staff stays with the child at all times and another member of the team supports the family. • Offer opportunities for parents to convey important information about their child and family's needs. For example, parents may tell the team about important family members or religious beliefs. • If required interfaith and spiritual support is available via the trust switch board. • Other support services available include social workers, interpreters and Patient Advice and Advocacy can be accessed also via the hospital switch board. • If the child is to be retrieved by the KIDS		

References

- DH (2006) The acutely or critically sick or injured child in the district general hospital: A team response, DH