



Transitioning to Ward D2

Parent copy

This booklet will help prepare you for the move from the intensive care unit to the ward



Other formats:

If you would like this information in another language, audio or any other accessibility tool, please visit:

<https://www.cuh.nhs.uk/our-services/introduction-to-patient-information/>



Document history:

Authors Jessica Blythe, Katharine Riley, Amy Leach,
Sarah O'Driscoll, Angela Higgins

Department Cambridge University Hospitals NHS
Foundation Trust, Hills Road, Cambridge, CB2 0QQ
www.cuh.org.uk

Contact number 01223 217250

Publish/Review date July 2022 / July 2025

File Name Transitioning to Ward D2 (Parent Copy)

Version Number/Reference 1/Document ID 102357

1

Your child is ready to leave the intensive care unit

Feelings of apprehension about your child moving from the paediatric intensive care unit (PICU) to the ward are normal.

Remember that your child is moving to the ward because they have improved.

It is a positive step forward in your child's recovery.

During your child's stay in PICU, you may have become familiar and possibly even comfortable in the PICU environment. You may know the staff and be used to the high levels of monitoring, so the change may be a challenge to start with.

The nurses, counselling and play team will help you before, during and after the move to the ward. The PICU nurses will make sure you, your child and the staff on the ward are fully informed and up-to-date with your child's progress.



2 Welcome to Ward D2

D2 is a 22 bedded children's ward which admits children and young persons between the ages of 0-16 years with a variety of conditions. These can range from orthopedics, ENT, respiratory and general surgery.

On admission you will be allocated a nurse to care for your child. The nursing shifts are either:

Mornings - 07:15 to 15:15

Afternoons - 12:15 to 20:15

Long Days - 07:15 to 20:15

During these shifts there is always a nurse in charge of the ward. If you have any concerns during your stay, please don't hesitate to ask to see the nurse in charge or ward manager.



Contact us
Phone: 01223 256524

3 Upon your arrival

Your nurse will come and introduce themselves and will need to complete admission documentation on arrival to the ward. You may be asked a variety of questions related to your child's general diet, health and mobility in order for them to be best informed about your child's needs whilst on the ward.

The medical team will be informed of your arrival and they will come to the ward to review your child in order to ensure that the correct care plan is in place.

The nurse will check your child's temperature, pulse and breathing rate, and any other observations that are necessary. They may also need to be weighed, heighted and have swabs taken for MRSA.

You will be shown how to access and use your bedside call buzzer should require any assistance during your stay on the ward. You will also be oriented to the ward's facilities by either your nurse or one of the healthcare assistants.

4 Bed Allocation

Allocation of a bed space is based on the clinical need of all patients and allocation decisions are the responsibility of the nurse in charge, in conjunction with the bed manager. During your stay on the ward your child may initially be close to the nurse's station but as they continue to improve, they may get moved into one of the other bays.

We are unable to provide same sex accommodation on the ward, but will try to accommodate individuals.

Please speak to your named nurse or the nurse in charge if you have any questions or concerns.

5 What's different?

Doctors:

The team will be led by one or more Consultants. They work on a day to day basis with their junior doctors. They will monitor your child's progress and visit daily, although they are not available on the ward at all times.

Ward D2 looks after patients from many different specialties. There may be many doctors on the ward at any one time seeing their patients therefore there is no specific timed ward round.

Nurses:

As your child is in the recovery stage, a nurse will not need to be at your child's bedside, or in the room, at all times, but your child will be allocated a named nurse for the duration of the shift.

Nurses on the ward care for three to six patients at the same time and sometimes they also need to leave the ward. If they are off the ward there is always another nurse available. This allows you more of an opportunity to have a more active role in your child's care.

Monitoring:

Monitors on the wards are different to those on PICU. Usually, your child won't need continuous monitoring because they are getting better. The ward nurses or healthcare assistants will still do regular observations, but if you have any concerns, please ask a member of staff.

Environment:

The ward may be noisier than PICU as there may be more children in each room, more visitors, children are not as sick and there are televisions by each bedside.

6 Food & Drink

Breakfast is available for parents and patients but lunch and supper are for patients only apart from breastfeeding mothers who will be supplied with all meals.

Breakfast - 07:30 onwards

Lunch - 12:00 - 12:30

Dinner - 17:00 - 17:30

Breakfast includes a variety of cereals, toast, yoghurts and fruit. A member of staff will come round and discuss with you what you would like.

For lunch and dinner there will be a selection of sandwiches, hot food and desert for your child to choose from. The housekeeper will come round 30 minutes before each mealtime in order for them to select their choice from the menu.

Please let us know if you or your child have any special dietary requirements on admission, we will then be able to offer a special menu to choose from.

If your child misses a meal then a hot meal can be provided outside of the regular meal times, and a selection of sandwiches are always available from the ward's kitchen. You can ask a member of staff for a missed meal menu at any time.

There is a water fountain and cups located outside the parent's room. Please help yourself and keep your nurse informed on your child's intake throughout the day.

We are able to provide some brands of formula milk for babies. Specialised milk feeds may be organised by our dieticians and made up in the milk kitchen. Please do not make up your own milk feeds on the ward as this is against our policy.

7 Who's Who?

On the ward there are lots of different people who may come and visit your bed space. Here are a few of the uniforms that you may expect to see:



Ward Manager



Junior Sister



Staff Nurse



Student Nurse



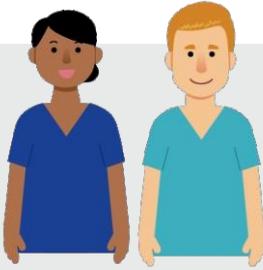
Health Care Assistant



Play Team

7 Who's Who?

Other health professionals that you may encounter during your stay on the ward include: speech and language therapists, pharmacists, music therapists.



Doctors



Specialist Nurse



Ward Assistants



Housekeeper



Porter



Dietitian



Physiotherapist



**Occupational
Therapist**

8 Play Team

There is a dedicated play team made up of nursery nurses and play specialists on duty every day to make the child's stay more comfortable.

A member of the play team will come to the bed space every morning to offer a wide range of play and sensory equipment. They are also able to offer films and video consoles. If you would like anything specific for your child, please ask to see a member of the play team.

Throughout the week there may be different activities available for example music therapy and crafts.

Play sessions can be arranged in either the playroom or at your child's bedspace. You are welcome to join in or use this time for you to go and grab a coffee in the parent's room, go for a walk or sit in the garden and update your family at home on how your child is progressing.



If your child requires any procedures whilst on the ward e.g. MRI, CT or surgery then the play specialists are able to provide preparation in order to help them understand what they may experience. They are also able to offer distraction for uncomfortable procedures like blood tests.

9 Accommodation

Acorn house is a facility run by the Sick Children's Trust; they provide residence for parents and families in special circumstances.

There are a limited number of rooms and priority is given to parents of children in intensive care. When you and your child leave PICU you will be expected to return these keys.

You will be able to stay with your child on the ward and sleep on a pull-down bed beside your child's bedspace.

10 Visiting

Visiting restrictions and access to the hospital are subject to change in line with Public Health England and UK Government guidelines.

If you have any questions regarding this, please speak to a member of staff who should be able to inform you on the most up to date visiting hours. There will also be posters on the ward explaining what visiting is allowed at the time your child is admitted. This is subject to change at short notice.

We welcome phone calls from relatives; however, we will not give out clinical information over the phone without permission from the legal guardian.

If your child's hospital admission is longer than seven days then parents/carers can swap who stays with the child. This needs to be in discussion with the ward senior sister.



11 Ward Facilities

One parent is permitted to stay on the ward. A single parent's bed is provided next to your child if you wish to stay. The bed must be put away during the day, and all belongings need to be stored away in the locker provided.



A PatientLine television is available at your child's bedside. Use of the television is free until 19:00; however, after this time a charge is made. A package can be purchased through the PatientLine Operator which will allow the television to work until 21:00, to watch movies and to use the telephone.

Children and adults have separate bathroom and toilet facilities on the ward.

There is a ward garden equipped with toys and a slide. Children must be supervised whilst outside.



11 Ward Facilities

Mobile phones must not be used for calls at the patient's bedside but may be used in the garden. Please use the garden for calls. There is hospital Wi-Fi, please ask any member of staff on the ward for more information.

Security doors to the ward help to keep our patients safe. You will need to ring the doorbell and say who your child is, the door will then be released so you can enter the ward. Please do not hold the door open for others, everyone must identify themselves before entering.

No smoking is permitted, we are a smoke-free site and therefore smoking will not be allowed anywhere on the hospital site.

We have a parent's room on the ward, with supplies for tea and coffee for you to help yourself to and a fridge is available if you want to bring in your own food and drinks.



Please ensure all food is labelled with name and date as this is checked and cleaned regularly by the healthcare assistants. Please ensure this area is kept tidy and dishes are washed. Children are not allowed in this area.

Hot drinks with lids on may be brought to the bedside; otherwise, hot drinks must be drunk in the parent's room. Flasks can be purchased for a small fee from the nurse's station. Alcohol is not permitted on the ward.

12 Medications

There are no set drug rounds, medications will be brought to your child when they are due, some may be prescribed to be given regularly and others may be given when required. If you are unsure as to why your child has been prescribed a particular medication, please discuss this with your named nurse or medical team on ward round.

If your child takes regular medications at home and you are interested in continuing to administer these as per your home routine then we can supply you with a key to a locked cabinet within your child's bedside cabinet. You will be asked to sign a drug chart with the time you administered each medication which your nurse should review throughout the shift. A new drug chart will be printed for you each morning in order to ensure that the most up to date prescription is being followed.

We are unable to provide parents with any medication. There is a Lloyds pharmacy which can be located in the Outpatients Department. If you need directions then please speak to a member of staff.

13 Bedtime Routine

Main lights are switched off between 19:00-19:30 and bedside lights can be used.

The healthcare assistants will come round and assist you with clearing up your bedspace and setting up your parent bed should you require any help.

All TVs stands and video consoles will be returned to the playroom overnight. All televisions that do not have headphones must be turned off after 19:00. If you require any headphones, please ask a member of staff.

Ear buds are also available upon request.

14 Clothing & Laundry

Nursing staff or healthcare assistances will be on hand each day to support you to offer your child a wash. We are able to supply shower gel, shower caps, towels, deodorant, toothbrushes and toothpaste. If you require any of these sanitary items, please ask a member of staff.

There are no facilities on the ward for washing clothes. We are able to provide a fresh surgical gown but if your child wants to wear some loose, comfortable clothing from home then this can be stored in the bedside cabinets.

15 Infection Control

To help us prevent the spread of any infections, we ask all visitors to wash their hands at the entrance to the ward on arrival and on leaving.

If you or any of your visitors become unwell, develop a temperature, diarrhoea or vomiting please inform your nurse and prepare to go home.

Please inform a member of the team if your child has come in contact with chicken pox within the last 21 days.

The core cleaning times on the ward are from 08:00-16:00 daily. Please let a member of the team know if the toilets or other areas need extra attention and we will endeavour to rectify the situation.

Toys in the playroom are cleaned on a daily basis by the play team. The playroom is closed for cleaning between 08:00-08:30.

Parent beds are to be put up during the day so that the nurses can attend to patients and bay areas can be cleaned thoroughly.

16 Family Support

We acknowledge that an admission onto PICU with short or long episodes of illness can be traumatic for children and brings different and additional challenges to families.

All families are unique and deal with their problems in their own way. Stressful situations can affect parents, brothers, sisters, grandparents, stepfamilies, carers and other extended family members differently.

The inpatient child and family support team are qualified and experienced counsellors and clinical psychologists. They work within the medical team and can offer a safe place to explore feelings and difficulties you may be having due to the situation you find yourself in.

Some people:

- **feel upset, distressed or confused**
- **are overwhelmed by events**
- **have problems working through feelings and emotions**
- **have difficulty relating with others**
- **have feelings of not being in control of what's happening**
- **lose their confidence**
- **are unable to make sense of what is going on**
- **have nightmares and/or difficulty sleeping**

Talking can often help to bring a new perspective or understanding. It can enable you to feel less confused and more confident about your own personal situation by exploring and reflecting on the way you are currently thinking and feeling.

The counsellors and clinical psychologists are able to offer time for children, young people and their families to support you and help make sense of what is happening and the possible consequences and challenges ahead.

You may have already spoken to a counsellor or psychologist on PICU but this support will continue to be offered after transition to the ward. It can be a one-off meeting, or on an ongoing basis. We know that the adjustment to a new ward and routine can be daunting and want to ensure that you have all the support you need.

Completing a Transition Diary

Whilst on PICU you will be provided with a diary for you to fill in during your child's admission should you feel that this would be of benefit to you, your family and your child as they recover. While your child is in hospital, it may help you to feel use-ful by contributing to the diary and have an opportunity to express how you are feeling.

A diary explaining what happened to your child whilst in hospital may help them to fill in any major gaps that they have in their memory and help to facilitate communication with your child about their treatment.

Providing a diary may also be beneficial in providing structure for family conversations about your child's illness or reduce the need for you to explain the illness to your child or other family members at a time when you may not feel ready to do so.

Please feel free to continue to use this diary after transition to the ward to facilitate conversations with the family support team should you wish to seek their ongoing support.

Contact us

You can contact the inpatient child and family support team via the nursing or medical staff, or directly.

Phone: 01223 216878 (team administrator)

17 Discharge

Whilst we do everything we can to discharge you home quickly sometimes there are delays. Please be reassured that we will communicate to you when these delays occur.

On discharge your opinion is important to us. The nursing staff will ask you or your child to complete a feedback questionnaire on the iPad. The information gained from this will enable us to make positive changes on the ward to enhance the patients' experience.

Before you leave the ward, you will be given a discharge letter to keep for your records. A copy of the discharge letter will be automatically sent to your GP informing them about the admission.

If your child has undergone a surgical procedure you will need to ensure you have sufficient supplies of simple painkillers such as Paracetamol and Ibuprofen at home in anticipation for some minor discomfort as this is not something the hospital will dispense for discharge.

If you have been informed that your child needs to have a follow up appointment this will be sent to your home address following discharge.



18 Key points to remember

- The move from PICU to the ward can be a stressful time for children and their families.
- There are significant differences between PICU and the ward including the level of monitoring and the number of nurses and doctors on the ward.
- Your child is moving to the ward because their condition has improved and are getting better. It is a positive step forward in your child's recovery and you will be able to be more involved in the day-to-day care of your child.

If you have any questions after reading through this booklet, members from the counselling and play team, the nurses and doctors will all be happy to go talk through your expectations and any concerns that you may have.

If you wish to be shown around the ward prior to transition then please speak to your child's nurse who will be happy to contact the ward. Alternatively, you will be orientated shortly after your arrival.



**Cambridge
University Hospitals**
NHS Foundation Trust

**Children's Services
Transitioning to Ward D2 - Parent copy**