Privacy & Dignity
Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team:
patient.information@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Discharge from the paediatric intensive care unit ...

to the ward!

Ward: ________

Telephone number: _____________________
Your child is ready to leave the intensive care unit

This is a time of improvement. And a positive step forward, you may feel nervous about this change with your child moving from the paediatric intensive care unit (PICU) to the ward.

Feelings of apprehension about your child moving 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.

Things that are different on the wards:

Monitoring:
Monitors on the wards are different to those on PICU. Usually your child won’t need continuous monitoring because he/she is getting better. The ward nurses will still do regular observations, but if you have any concerns please ask a member of staff.

Doctors:
A team or teams (depending on your child’s needs) of doctors will manage your child’s care. The team(s) includes more junior doctors and a consultant, who is the head of the team. The team will monitor your child’s progress and visit daily, although they are not all available on the ward at all times. You can remain with your child on ward rounds which will take place at different times of the day.

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 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.

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 bed. There is a parent’s room on the ward, with supplies for tea and coffee for you to help yourself and fridges are available if you want to bring in your own food. Breakfast is available for parents and patients but lunch and supper are for patients only. One family member is able to sleep by your child’s bed.

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 wards including the level of monitoring and the number of nurses and doctors on the ward.
- Your child is moving to the ward because he/she has improved. 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.

Members from the counselling and play team, the nurses and doctors will all help in the transition phase from PICU to the ward.