

Presentation of Thoracic Surgery Intensive Care Unit



Thoracic surgery, intensive care

Let's take a look at the kids rooms at the thoracic surgery intensive care unit, and some of the things you can expect to find there.

We will start by with a short video presentation, and then more details about the equipment/monitors we use and other practical information.



The staff you will meet

- **During your stay, an intensive care nurse will look after your child at all times.**
- **The surgeon is responsible for the patient during and after surgery. He or she will provide information following surgery and throughout the stay.**
- **There is a large interdisciplinary group involved in the treatment that includes an anaesthetist, cardiologist, physiotherapist and x-ray personnel.**



Standard intensive care station



Monitoring screen

The monitoring screen shows us heart rate, blood pressure, temperature and oxygen saturation – among other information.



Respirator

- The patient is connected to a respirator after surgery that uses a tube through the nose or mouth to get air to the lungs.
- The length of time varies from child to child for how long a respirator is needed, from a few hours to several days.
- The nurse occasionally uses suction to clean mucus from the tube.



Oxygen supply

After the child is taken off the respirator, it will often need additional oxygen or help breathing for a few days.

High-flow:



nCPAP:



Infusion pumps

There are various medications running continuously through the infusion pumps like painkillers and blood pressure regulating medications.



Drain

Following surgery, a thin plastic tube is left in the chest cavity which removes excess blood and fluid from the body. The surgeon can usually remove the drain the day after surgery.



Arterial line

A thin plastic tube is placed in an artery on the hand or groin to measure continuous blood pressure. We can also take blood samples from it, so we do not need to bother the child with more injections or needles.



CVC

A central venous catheter (CVC) is placed in a large vein, which is used to give medication. We can also take blood samples from it.



Venous catheter

A venous catheter is an intravenous tool used to give medication. It can be placed at different spots on the body, such as the hands and feet.



Pacemaker

Some patients have an external pacemaker after surgery, connected to wires. The pacemaker is usually temporary and used if needed. The wires are usually removed 7-10 days after the operation.



Feeding tube

Some children need to be fed through a tube that runs through the nose or mouth, both for medication and nutrition.



Urinary catheter

Some children need a urinary catheter that measures urine quantities and collects urine in a pouch.

We can also measure body temperature from the urinary catheter.



ECG electrodes

The child will have ECG electrodes glued to the skin to monitor heartbeat.



Oxygen measurement

The child will have a pulse oximeter glued to one hand or foot to measure oxygen saturation.



The child may also be connected to other oxygen meters, via the head or possibly over a kidney.



Practical information

We have some practical information that we hope can be useful to you. Please ask us any questions you have during the stay.




The first few hours after surgery

- The surgeon will call you when the operation is finished
- There are many postoperative tasks, so it may take some time before you can see your child
- We encourage short visits in the first few days
- The child will mainly sleep during this period, so it is important not to wake the child unnecessarily
- You need to remove your outerwear before entering the patient room



Visits

- You are welcome to visit your child whenever you want, outside the hours of our daily routines when we are closed to visitors.
- There is a lot of activity in the morning with doctor visits, equipment removal, x-rays and other examinations being done on several patients, so we encourage visitors to come after 10:00.
- When the door to the child's room is closed, you need to knock or contact the staff outside for assistance.
- You may have to wait outside until various examinations are done, for your child or the other children in the room. Please wait in the hallway until we are finished. There are several waiting areas.
- We recommend parents get some sleep at night. You can of course call at any time of the day to talk to the intensive care nurse who is looking after your child. We will contact you if you need to come to the unit.



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Besøkstider: 10.00-14.30,
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Visits, contd.

- We encourage as few visitors as possible, preferably parents/caregivers.
- If a sibling wants to visit the child, this must be agreed in advance with the unit.
- Visiting schedules may change due to current infection control routines.
- Good hygiene around the child is important, so be careful with hand hygiene after using your cell phone or similar objects before touching the child.




Spending the night

It is not possible for parents to sleep with the child at the ICU, but we can offer you a room at our Parent Accommodations in the hospital.



Food vouchers

We do not have our own kitchen, so the parents will receive food vouchers that can be used at the staff canteen.

 Oslo universitetssykehus
Rikshospitalet

Rekvisisjon foreldremat

MIDDAG

Thoraxkirurgisk intensivenhet

Navn:

Rekvisisjonen gjelder for overstående person for ett måltid kjøpt ved personalkantinen RH – HF.

Rekvisisjonen dekker kostnader til måltid inntil fastsatt sum:

Middag: kr: 60,- sønd- og helligdag inntil kr: 70,-

(Kostnader til aviser, sjokolade og lignende, dekkes ikke av denne rekvisisjonen).

Kostnaden belastes Thoraxkirurgisk intensivenhet kostnadssted: 120101.

Dato: Sign:.....
Sykepleier

Stempel:

Thank you for your



Prepared by: Paediatric Group, Thoracic Surgery ICU, with support from the Lasseliten Fund