Working across the divide

FOCUS ON A UNIT

SUBMITTED BY
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Communication and a team approach between all disciplines are key to providing all-round care and support to our patients and families on the neonatal/paediatric ICU at **Eastern Swiss Children's Hospital**.

Our unit has 10 NICU cots in the main ward and four paediatric ICU beds in a separate room, and caters for an age range of 24 weeks' GA to 16 years. Around 95% of patients are under one year of age, although this varies from season to season.

A standard team will usually care for newborns in the main part of the ICU, while older children or re-admitted babies also need the full-time care of an ICU nurse in the PICU. Although this combination of neonatal and paediatric care means that our work is varied and interesting, it can result in lots of hard work. For example, we recently had two intubated children in PICU needing the continuous care of two experienced ICU nurses, while the NICU staff were at capacity with difficult cases, including PPHN, jejunal atresia and NEC. More usually though, one nurse is able to handle the PICU workload.

Each neonatal patient is allocated a primary nurse and a neonatologist as primary doctor. While day-to-day care is in the hands of the team on duty, the primary team have overall responsibility for wider management, setting long term goals and regular communication with parents. They also organise team conferences, involving other staff who regularly care for the infant. In these meetings, medical and nursing staff resolve problems which may arise due to conflict in medical/nursing opinions, and set common and realistic care goals.

Our patients encompass a wide range of medical conditions including VLBW infants, meconium aspiration, hydrops fetalis etc. We routinely care for post-operative patients following surgical interventions such as V-P shunts, insertion of Rickham reservoirs, gastroschisis, atresia-fistula and abdominal surgical interventions. PDA ligature is carried out in our hospital by surgeons from Zürich. In the paediatric section, we care for a wide range of conditions, including multi-trauma and patients with severe brain injury. Operations take place in the neighbouring main canton (similar to a state in the US) hospital and patients are transferred to our unit for postoperative care. With a lack of neurosurgical facilities in the area of Austria bordering our part of Switzerland, an agreement exists allowing patients to be transferred to our unit as required.

Language isn't a barrier between the two countries as the first language in both countries is German, with French and Italian also commonly spoken on the unit.

Due to the large geographical area and the mountains, transfer of patients often takes place by helicopter and involvement in these transfers is a part of our duties. Of 191 patient transports in 2004, 51 were carried out by helicopter. It is factors like this and the wide scope of our work which provide ongoing interest and motivation for the team.

NICU/PICU staff will usually undertake a two-year postgraduate ICU course, while to work in the PICU, staff must complete a placement of six months on an adult ICU, in our case the surgical ICU of the Cantonsspital St Gallen. Here the main work involves patients with brain injury and neurological surgery, providing particularly relevant experience for our unit.

Students on an adult ICU course can come to our unit for an optional six month placement and many of them, like me, enjoy the experience so much that they return once qualified to join us.

■ *With thanks to Brian Meehan for his assistance with this article.*

TOP: Christof Weisser, neonatologist, and Norbert Lutsch acting as primary team for a baby boy who developed PPHN after surgery for a malrotation of the intestine.

ABOVE: A mother and her five-day-old baby, born at 26 weeks GA, enjoy a kangaroo session.

BELOW: Gabi Kalender, RN, with the new SIPAP, supplied by Eumedics (manufactured by Viasys).