

Patient cases

Weeks of uncertainty about Daniel

The serious accident happened on a Wednesday. Daniel's granddad was working on our farm and he had to reverse the tractor slightly so that he could open the barn door. Our one and a half year old son Daniel was playing in the sandpit and ran towards the tractor when he heard the engine. He must have tripped, and he ended up under the front wheel. His granddad got out immediately and ran inside with Daniel, where the GP, emergency services and air ambulance were called. As the first person on scene, the GP took initial emergency measures, before the helicopter took Daniel and my wife to the hospital. I wasn't on the farm that day, but I set off straight away as soon as I heard what had happened.

In the hospital, we were told to say goodbye to Daniel because we did not know if he would survive the emergency operation he was about to have to treat his severe head injuries. That was of course a shock to us.

Even after the five-hour operation, nobody could say exactly how our son would get on. Daniel's life was in his own hands. He was then transferred to the paediatric intensive care unit, where he was connected to numerous machines and devices because he couldn't breathe or swallow himself. It was all very new to me and my wife, so we were very glad when the treatment team introduced themselves to us and explained what the next steps were.

We were by Daniel's side every day – talking to him, touching him, and giving him as much strength as possible. It was eight or nine days before the doctors could give the all-clear: Daniel would survive the accident. However, nobody could say at this time whether he would suffer consequential damage as a result. We all had to learn to be patient and give Daniel time. We were grateful for the numerous conversations we had with the treatment and care team.

Then Daniel slowly fought back. Physiotherapists slowly started to mobilise him and speech therapists taught him how to swallow again. After six weeks in the paediatric intensive care unit, Daniel was moved to a rehabilitation centre. Today, he is fully conscious, he can eat and sit upright again, but his right side mobility is still reduced. We hope he will continue to make progress.

More patient cases can be found on our website:



www.sgi-ssmi.ch/de/kritisch-krank-kinder.html

Family-centred support

In paediatric intensive care, the critically ill child and his or her family are always the focus. The treatment team tries to give the child the feeling of as much family-like security as possible, and also tries to actively involve the child's close family in the treatment process. Siblings are also very important during this time and are always welcome in the intensive care unit.

When relatives visit the critically ill child in the intensive care unit for the first time, they are usually entering an unfamiliar world and don't know what to expect. A key element that helps relatives to overcome the feeling of helplessness during a crisis is adequate information. The intensive care unit team supports the family, takes the time for individual needs and gives thorough, honest and comprehensible information. Only then is it possible for the treatment team and family – who are acting on behalf of the critically ill child who cannot express their own will themselves – to make important decisions, including in matters concerning a possible death or possible organ donation, as even children can donate organs.

Often, such difficult crisis situations cannot be coped with by the family and relatives alone. Pastors, care teams and psychologists in the paediatric intensive care unit can offer immediate emotional and practical support, and arrange additional help if needed.

The treatment team is also always available for any questions.



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More information

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The Paediatric Intensive Care Unit

Critically ill children and their families at the centre

www.sgi-ssmi.ch

The critically ill child

In Switzerland, there are fourteen certified neonatal and paediatric intensive care units that look after critically ill children. From premature babies to adolescents, these highly specialised departments treat any young patients who temporarily need special intensive care and continuous monitoring. Just under six percent of all patients treated in intensive care units in Switzerland are children.



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When is a child “critically ill”?

A child is critically ill if their life is at risk due to their health condition. For example, one or more vital organs, such as the brain, heart or lungs, may be impaired or failing due to a serious illness or accident. An acute deterioration of a chronic illness or a medical procedure may also result in organs not working as they should. The greater the risk, the greater the urgency of treatment in a highly specialised setting like the paediatric intensive care unit, with access to the latest diagnostic and therapeutic possibilities.

For short-term monitoring after an operation or after a long stay in the paediatric intensive care unit, a child can also be treated in the Intermediate Care Unit (IMC); this unit is for patients who are too ill to be cared for on a general ward, but who do not need the extensive measures of the intensive care unit.

The amount of time children spend in the intensive care unit depends on their health condition - some stay only a few days, others stay for weeks or even months until their condition stabilises. However, sometimes all medical options are exhausted and a critically ill child cannot recover – the death of a child is then sadly unpreventable.

Different ages ranges, different challenges

An ill child needs to be identified as “critically ill” early on by both their family and medical staff. Only then can the right treatment measures be taken in good time and in a preventive manner. The biggest challenge lies in correctly assessing the physical and emotional development of the child at different ages. This assessment is hugely important for ensuring the right therapeutic measures are taken for the child’s age. For example, a 2-year-old toddler and a 16-year-old teenager will need completely different dosages of a drug.



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Paediatric intensive care is challenging team work

Optimal intensive care treatment is only possible with a specialised and interdisciplinary team of specialists. Junior and senior doctors, qualified nursing staff, physiotherapists, speech therapists and many other medical technical staff all work closely together in the specialist area of paediatric intensive care. When necessary, additional specialists from other therapeutic disciplines are also involved.

If a critically ill child is moved to a different ward or hospital, the intensive care team looks after their safe transport with an ambulance or air ambulance.

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Like a nightmare

It all began quite harmlessly. Our daughter Sophia, who was just about to turn one, was sick at home – probably a tummy bug going round we thought and so did the paediatrician. Two days later, she was getting weaker and weaker, and after her afternoon nap Sophia had a seizure. We immediately called an ambulance to take her to hospital. The diagnosis came to us as such a shock: our daughter was suffering from haemolytic uraemic syndrome, a rare condition where bacteria destroy the blood cells and damage the kidneys. She got worse and worse each day, until she barely responded. It was a completely alien situation for me and my husband; our sunshine Sophia was perfectly healthy a few days earlier – and now she was lying in a hospital bed.

On the third day, during an electroencephalogram, her vital signs crashed. In just a few moments, the intensive care resuscitation team was there to ventilate Sophia and resuscitate her heart. We had to leave the room. When someone subsequently came to tell us about Sophia’s condition, we all feared the worst. Sophia was moved to the paediatric intensive care unit, where we were received very warmly. We had never been in an intensive care unit before, but from the very outset we were impressed by the work of the treatment team. We were regularly updated on how Sophia was doing and felt in very good hands from the start.

A heart specialist found that Sophia’s heart was in a very worrying condition, so on the same evening we were transferred to a larger hospital by helicopter – yet another brand new and uncertain situation for us. Shortly after arriving there, we were told that all of Sophia’s organs were starting to fail. She had emergency surgery during the night and, here too, we were informed of everything they were doing.

Fortunately, Sophia’s heart recovered very quickly. Therefore, a few days later she was able to be transferred back to the smaller hospital, where we celebrated her first birthday in intimate surroundings. Only days later Sophia’s condition deteriorated again. Once again, she needed resuscitating and we were scared that it was happening all over again. Fortunately though, Sophia’s condition improved after that and she was able to be moved to the normal bed ward. After five weeks in hospital, she could finally go home. We were fortunate that she recovered very quickly.

Sophia has to take medication every day and we need to go to the hospital for a check-up every few weeks. Thank goodness our daughter wasn’t harmed from it in any other way. We are extremely grateful that Sophia was given a second chance and today we value even more what we have with our little girl.