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Basic equipment which must be suitable for children:

- 1) P_{CO2} monitor
- Respiratory or apnoea monitor
- 2 channel temperature recorder
- Arterial pressure and venous pressure monitors
- 2 syringe pumps (infusion rate down to 0.1 ml per hour)
- 2 infusion pumps
- 1 ventilator
- 1 overhead heater or incubator
- 1 oxygen monitor

Transcutaneous P_{O2} or SaO₂ monitors should be available in the unit.

CICUs should ensure that they have:

A full range of paediatric disposables
Paediatric laryngoscopes
A variety of laryscopes.

The following facilities should be available:

- 1) frequent blood gas analysis using micro methods
- 2) frequent biochemical analysis using micro methods
- 3) mobile ultrasound and radiographic examination
- 4) access to computerised tomographic scanning on the premises.

(1) Survey of PICUs in USA. Moss Planning Associates, 1979.

(2) Standards for Intensive Care Units. Intensive Care Society, 1984.

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Junior Medical Staff

The intensive care nurse officer (INI) should be responsible only for critical care and should have no other commitments. The INI should be involved in all decisions about a patient and should be the final concern pathway. Experience in intensive care is a valuable part of training in paediatrics, and is best gained by working on a unit for a period of time as the resident doctor. A rota of at least one in three is needed to allow adequate off duty periods. Appointment should be for at least three months with sufficient overlap to ensure that the unit always has at least one experienced member of junior staff.

Nursing

In the survey the mean number of nurses per bed was 3.5 MN for PICUs and 3.7 MN for general ICUs. Without knowing the dependency score (Z) these figures cannot be accurately assessed but very likely indicate an under-estimated (Z). Few nurses in ICUs had children's training (see table 4). If the combined total of nurses working in ICUs only 1.3% had children's nursing training. It is most important that trainer registered sick children's nurses have some supervised experience of ICU work in order to attract them to this specialty.

At present there is only one recognised English National Board (ENB) course in paediatric intensive care nursing and an expansion of this training is urgently needed. It is recommended that the paediatric content of the ENB JOB should be increased. It is recommended that paediatric nursing resources for the delivery of paediatric intensive care should be concentrated into recognised PICUs and identified ICUs. It is recommended that Courses in Paediatric Intensive Care Nursing with ENB approval should be developed at two levels, one for ICUs and one for PICUs. The latter course would need to include an introduction to paediatrics.

Following the creation of such courses it would then be hoped that an increasing number of nurses in PICUs should have a qualification in paediatric intensive care nursing and that it should be possible in the identified ICUs to ensure that at least one nurse per shift has paediatric intensive care training.

PARENTS

Facilities must be provided for parents to be with their children as much as possible while they are receiving intensive care. The unit of parental accommodation within the hospital must be available for each intensive care unit/bed and parents should be encouraged to make use of them.

EQUIPMENT

The following equipment should be available for each paediatric intensive care bed and a range of equipment suitable for use in children aged 6 to 16 should be available.