

intensive care cots

- the location of these facilities including, where appropriate, **access to regional specialist facilities.**

3.30 In agreeing contracts *Districts* and *provider hospitals* are advised of the following standards

- a consultant paediatrician is available **24 hours a day** to supervise the care of newborn babies
- sufficient **specially trained medical, midwifery and nursing staff** are also always available to meet routine and emergency needs of newborn babies including the staffing of any special or intensive care cots
- well established procedures exist for the **identification of babies requiring specialist facilities** and their timely transfer to an appropriately staffed and equipped specialist unit
- encouragement is given to medical and nursing staff to develop their skills in neonatal care through **formal and informal training opportunities**
- facilities are provided in neonatal units for parents/carers to **remain with their babies** and, as far as practicable, they are encouraged to participate in their care
- **support and counselling** is available for families with very ill or small babies and for families and staff in the event of a baby's death (see paragraph 4.42).

The Paediatric Intensive Care Service

3.31 The British Paediatric Association Working Party on Paediatric Intensive Care¹⁷ defines the function of a Paediatric Intensive Care Service, as providing "for the needs of the critically ill child **requiring constant individualised nursing care and immediately available skilled medical help.**"

3.32 Many critically ill children are still admitted to adult intensive care units where the majority of patients are adults. The BPA report¹⁷ recommends that, in these situations, admissions should be notified to staff in the paediatric department and their co-operation sought to ensure that the child is cared for in a suitable environment **separate from adults.**

3.33 Whether the service is to be provided in a discrete children's unit or in a designated area within an adult ICU, *Districts* and *provider hospitals* are advised to agree on the following standards for paediatric intensive care

- the nurse in charge has a **RSCN** qualification (or has completed the child branch of Project 2000) and preferably has attended one of the English National Board courses leading to a recordable qualification in the intensive care nursing of children
- the skill mix and numbers of suitably qualified nurses is appropriate to the **degree of dependency** of the children cared for
- facilities for parents/carers to **remain with their children overnight** are available and, where appropriate, they are encouraged and enabled to be participants in the care of their children
- **play facilities** are available under the supervision of a play specialist for those children able to benefit from them
- there should be **training** opportunities for staff – eg nurses and physiotherapists – to develop their skills in intensive care nursing and, in recognition of the demands made upon them, support services available for them to discuss their experience.