Support for Parents:

If you are concerned about your baby, please contact your named nurse or the Clinical Nurse Manager on duty.

For further ward information, please refer to the ward information leaflet.

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Your baby is now ready to be transferred from PICU to St Peters ward.

This is a big step for you and your baby. It should be viewed as a positive step in your baby’s recovery as it means that your baby is getting better. However, the prospect of moving to a ward can be an anxious time for you, as you have built up a rapport with the staff in PICU. The staff on St Peters ward strive to make this transition a smooth one.

Things on St Peters that differ from PICU.

Monitoring:

Depending on your baby’s condition, a high level of nursing/medical care may be needed but they may no longer require the close monitoring/ventilation support of PICU. Your nurse will do regular observation checks and liaise with your medical team. If you have any concerns please ask a member of the nursing staff.

Doctors/Multidisciplinary teams.

Your baby’s medical/surgical team will visit your baby daily and coordinate all the required care as they monitor your baby’s progress. Doctors are available 24 hours a day within the hospital to ensure ongoing care and review as required.

If your baby is under the care of multidisciplinary team members in PICU, for example physiotherapy, occupational therapy, dietician, they will transition their care out onto the ward. They will review your baby as required.

Nurses.

As your baby is in the recovery stage, a nurse will not need to be at your baby’s cot side at all times. The nurse allocated to care for your baby will also be allocated to look after another 2-3 babies. Your nurse may need to leave the ward at times during the shift but there are other nurses on the ward available to help you, so please do not hesitate to ask.

This move to the ward will afford you, as parents, the opportunity to spend more time with your son/daughter and being more involved with your baby’s care e.g. bathing/feeding etc.

Visiting.

Parents are encouraged to stay and partake in their infant’s care. One family member can sleep in the cubicle with their baby at night. Grandparents, Aunts, Uncles, Siblings are allowed visit and often this is the first time they get to see the baby. Visitors are limited to two at a time during the day.

Discharge Planning.

As your baby’s condition improves, you will be encouraged to become involved in your baby’s plan for discharge. Depending on your baby’s medical needs, you may need to have some additional education. This will be assessed on your baby’s needs prior to discharge.