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## Child -Post ventilation- Psychological aspects of Nursing Care

### Abstract:

Children of any age group face lot of challenges due to the various stages of growth and development the adjustmental demands of each age group as well as immature organ systems. Pediatric critical care unit is the most challenging place for the child especially if the child has been ventilated. Nurses in the PICU need to be sensitive to the needs and demands of the child and the family as well. The children and family will have a positive outlook to hospitalization if the nursing care and team coordination is good. This article tried to discuss about the psychosocial aspects of nursing care of post ventilated children.

**Introduction:** Caring for a child post-ventilation can be a challenging and emotionally demanding experience. Both the child and their caregivers may face a range of psychosocial issues during and after the ventilation process. Here are some key aspects to consider:



**Back Ground :** Psychological impairment, The primary focus of studies, which research psychiatric morbidity after intensive care discharge, is post-traumatic stress disorder. In the study by Dow, Kenardy, Le Brocque, and Long (1), 6 months after discharge from the PICU, the prevalence of post-traumatic stress disorder was found to be 17–29% for school children and adolescents. In studies examining the reasons for post-traumatic stress disorder, it has been reported that the frequency of invasive procedures increases psychological morbidity. Medical fears weaken the sense of their health control and exposing too many invasive interventions accelerates the progression of post-traumatic stress disorder symptoms in children (2). One-third of children survive from a critical illness reported delusional memories. Benzodiazepine and opiate administration are

## Global Summit on Nursing and Midwifery

April 15, 2024 | Virtual Event



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risk factors for delusional memories, including delirium (3). To reduce the prevalence of such risk factors, it is recommended that effectiveness of sedation agents should be evaluated, reevaluated, and sedation evaluation tools should be implemented (4). Moreover, the intensive care environment and density of invasive procedures affect the sleep quality of the child negatively and both sleep disturbances and mood changes are common conditions reported by families during the post-discharge period. One of the identified interventions to reduce psychological complications of PICS morbidity is the intensive care diaries. They are accepted as a tool to fill up memory gaps of patients. They are written prospectively and address the patient personally. They include summary of admission, narration of daily activities, and transfer notes from ICU. Entries for the diaries are handled by bedside nurses. Family diaries narrate the experiences of family members during ICU admission. It is quiet important to be shown positive outcomes of diaries at PICU that have a common use in adult literature. It was suggested in the study by Mikkelsen (5) that diaries written both by children and by families had a role to signify PICU experiences. Use of diaries in PICU might help children to comprehend their stories better.

Another intervention for psychological morbidities of PICS is support groups. They might be arranged in the leadership of nurses are the other way of supporting both patients and caregivers to improve psychological outcomes (6). Providing some places or planning a schedule for the family members/friends of the patient to support each other, ICU survivors' coming together at post-discharge period or survivors, friends and family members' meeting might be rather beneficial to overcome various difficulties emerging from the illness itself. Even though healing is possible after a critical illness, majority of PICS symptoms continue for months or years. Therefore; a structured follow-up program and an interdisciplinary approach are required for the survivors of ICU. Whereas different follow-up clinical models, supporting patients and led by a nurse, a physician or a multidisciplinary team, are available in adult literature, there is not a consensus on the implementation of follow-up programs in pediatric literature. It is a recommended approach that the patient should be followed by the same team and his/her need of rehabilitation should be ensured in coordination since the treatment of critical illness does not come to end at PICU. Critical care nurses, who have enough knowledge on the present condition of patients and the effect of the illness, should be the core member of follow-up programs.

**Emotional Impact on Caregivers:** Caregivers, such as parents or family members, often experience a mix of emotions, including fear, anxiety, guilt, and helplessness while their child is on a ventilator. They may have witnessed their child's struggle and the invasive medical procedures, which can be traumatic.

**Child's Emotional Response:** Children who have been on a ventilator may experience emotional distress as well, especially if they are old enough to understand what has happened. They may have fear, anxiety, and difficulty coping with the experience. **Trauma and PTSD:** Both children and caregivers can develop post-traumatic stress disorder (PTSD) following a difficult ventilation experience. This can manifest in the form of nightmares, flashbacks, and persistent anxiety.

**Communication Challenges:** Children may have difficulty communicating their feelings, especially if they are very young or non-verbal. Caregivers may need to find alternative methods of communication to understand their child's needs and emotions.

**Medical Trauma and Trust Issues:** Some children may develop a fear of medical professionals or hospitals as a result of their ventilation experience. Caregivers may also develop trust issues, particularly if they feel the healthcare system let them down in any way. **Support and Coping Mechanisms:** Caregivers often need a strong support system to help them cope with the stress and emotional toll of caring for a post-ventilation child. Support can come from family, friends, support groups, or mental health professionals.

**Transition Back to Home:** The transition from the hospital to home care can be challenging. Caregivers may need to adapt to new responsibilities, such as managing medical equipment, medications, and therapy, which can be overwhelming.

**Developmental and Educational Challenges:** Children who have undergone ventilation may have developmental delays or challenges that need to be addressed. Caregivers may need to work with healthcare professionals and educators to ensure that the child's needs are met.

**Financial Stress:** The cost of medical care, therapies, and equipment can be a significant burden on caregivers. This financial stress can compound the emotional and psychological challenges they face.

**Grief and Loss:** Some caregivers may grieve the loss of the "normal" childhood experience for their child. This grief can be ongoing and may require counseling or support. It's essential for caregivers to seek professional guidance and support as needed. Healthcare providers should be proactive in addressing the psychosocial aspects of care for both the child and the caregivers. This may include mental health services, counseling, and access to resources and support groups. Open and honest communication with healthcare providers is crucial in navigating the emotional and psychological challenges associated with caring for a child post-ventilation.

**Conclusion:** Critical illness and PICUs affect overall long-term pediatric patient outcomes. Increasing number of survivors lead to increased numbers of patients using post-intensive care health services. The objectives of critical care should reach beyond survival and include a multidisciplinary collaboration to both prevent and manage long-term complications. Pediatric nurses must have a comprehensive understanding of long-term complications, familiarity with the nature and severity of critical illness, and effects of intensive care on patients overall to support the development of practices to reduce such complications.

## Biography

**Mary Anbarasi Johnson** is currently working as a professor and head of the pediatric nursing department at CMC Vellore. She worked as a clinical nurse specialist in PICU for a year and as Assistant Professor in the USA for two years. She also worked in administration in nursing, Saudi Arabia Defence Sector. She is the Master Trainer at CMC for International Projects like GFATM, IMNCI at national level as well as national projects like ICMR Infection control, Child Sexual Abuse Protection, OSCE by Dr. MGR Medical university as well as Diabetic Educators programme, etc. She has published in 70 national, international journals and presented in around 30 national and international conferences. She has also contributed over 5 book chapters and is working on publishing a book soon.