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CONTENTS

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Editorial

Pediatric Intensive Care Nursing **celebrates 15 years with new online open access**

Franco A. Carnevale, RN, PhD
Editor, Pediatric Intensive Care Nursing
Montreal, Canada

This publication of PICN in 2014 marks the 15th anniversary of the journal! PICN was created in 2000, immediately following the 3rd *World Congress on Pediatric Intensive and Critical Care in Montreal, Canada. The Montreal Congress brought together a remarkable number of pediatric critical care* nurses from all regions of the world who sought the development of channels for maintaining active international discussions and exchanges of ideas. PICN was born, along with our Internet discussion egroup PICU-Nurse-International.

PICN started as an electronic newsletter in 2000. In 2003, the PICN Editorial Board decided to convert PICN into a professional ejournal, at which time indexation was also obtained in the literature database Cinahl; a database dedicated to the nursing literature.

With this 2014 issue, PICN has been published for a full 15 years. The International Editorial Board consists of distinguished leaders from all continents of the world. In 15 years, a total of 24 issues have been produced, publishing a total of 123 articles. These articles include:

- 26 original research reports
- 28 clinical or practice innovation reports
- 12 special spotlight articles describing specific PICUs from 11 different countries in every continent: Australia (twice), Belgium, Brazil, Canada, Germany, New Zealand, Singapore, South Africa, Sweden, United Kingdom, United States
- 21 editorials, including four guest editorials
- 22 reports from various international professional societies (i.e., WFPICCS Nursing; World Congress on Pediatric Intensive Care; International Symposium of Pediatric and Neonatal Critical Care Nursing, Brazil; International Paediatric Nursing Research Network; Critical Care Nursing Position Statements; PICU-Nurse-International Online Symposium; European Society of Paediatric and Neonatal Intensive Care; CONNECT: Official Journal of the World Federation of Critical Care Nurses; Paediatric and Neonatal Intensive Care Meeting in Australia; World Federation of Critical Care Nurses; Paediatric Intensive Care Nursing Seminar)
- 13 syntheses of thematic discussions from the **PICU-Nurse-International egroup**
- 1 special column to discuss specialized online resources
- Numerous announcements for international conferences and other professional activities

A total of 109 different authors have published in PICN. A list of all authors that have contributed to PICN, until now, appears in this issue. These authors represent 17 countries from every continent: Australia, Belgium, Brazil , Canada, China, Denmark, Germany, Mauritius, Netherlands, New Zealand, Philippines, Singapore, South Africa, Sweden, Turkey, United Kingdom, United States.

Throughout these 15 years, PICN has published articles about major world emergencies such as the 2001 9/11 crisis in New York City, the 2001 earthquake in Gujarat, India, the 2004 South-Asian ***tsunami***, the 2005 Bali bombings, and the 2009 H1N1 pandemic, as well as numerous international humanitarian initiatives in Cambodia, Mauritius, Papua, New Guinea, and Rwanda.

To celebrate the many distinguished contributions that PICN authors and editors have made over the years, this anniversary issue presents a listing of all the titles and abstracts that have been published in our first 15 years. To further celebrate this important anniversary, we are proud to announce that a direct access website has been created for PICN at McGill University in Montreal, Canada. This will provide open access to all issues of PICN to everyone in the world, as well as information about how to submit a manuscript.

Our new and open access website location for PICN is: www.mcgill.ca/picn

Happy anniversary PICN!!

List of past *Pediatric Intensive Care Nursing* (PICN) publications
Listed by issue (from most recent to earliest)

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2013.V14.N1-2

Editorial: Moral Distress in Pediatric Intensive Care Nursing
Franco A. Carnevale
Canada
No abstract

The Healthy Work Environment: Assessment, Initiatives and Outcomes in a Pediatric Intensive Care Unit
Dennis Doherty, Sandra Mott, Aimee Lyons, Jean Connor
United States
Abstract
Background: The Medical Surgical Intensive Care Unit (MSICU), a pediatric critical-care unit, participated in a project to appraise the current state of the unit's work environment. At the time of this project, the MSICU nursing staff faced multiple challenges including reduced staffing, high patient acuity, and emotionally challenging cases.
Methodology: A two phase quality improvement project was undertaken to better understand staff perceptions of the work environment. Phase one consisted of inviting staff to complete the AACN Healthy Work Environment Assessment Tool (HWEAT) to obtain general information about the health of the work environment. Phase two used focus groups to learn the why behind staff members' answers and their ideas about strengths and opportunities for improvement.
Results: Phase one survey response rate was 55% (89). The overall score for the MSICU was 3.78 indicating staff perceived the health of the work environment to be "Good". Scores for the individual standards were: Skilled Communication (3.85), True Collaboration (3.81), Meaningful Recognition (3.62), Effective Decision Making (3.98), Appropriate Staffing (3.61), and Authentic Leadership (3.82). Phase two data from the focus groups coalesced into three main categories: time off, efficient and effective communication from leadership, and appropriate number and skill of staff at bedside.
Conclusions: The healthy work environment project facilitated a better understanding of the work environment and supported a joint effort to work at improving the health of the work environment.

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2012.V13.N1-2

Editorial: A time for renewal: Updating our Journal
Franco A. Carnevale
Canada
No abstract

Evaluation of hand hygiene in the neonatal intensive care unit: An observational study
Lonneke Kamer & Agnes van der Hoogen
The Netherlands
Abstract

Background: Very low birth weight (VLBW) infants are at high risk for nosocomial sepsis. Hands of health care workers (HCWs) are important vectors of pathogen transmission from colonized or infected infants to susceptible infants. In the Neonatal intensive care unit (NICU), adherence to hand hygiene is recognized as one of the most important means of preventing healthcare-associated infections. Adherence to hand hygiene by health personnel is often poor. However, after a multimodal intervention program (MIP) in a NICU in The Netherlands, a significant increase in adherence to hand hygiene guidelines from 23% to 50% was established in 2006. The aim of the present study was to follow up the evaluation of the adherence to hand hygiene practice, five years after completing a MIP. Methods: An observational cross-sectional design in the NICU of Wilhelmina Children's Hospital, University Medical Centre, Utrecht, The Netherlands. The population under study were all HCWs. After the observation, prompt feedback was given by the observer. Subsequently HCWs were asked to fill in a questionnaire. Results: 160 observations were carried out; 55 HCWs filled in the questionnaire. An improved adherence rate was observed. Conclusion: An increased adherence to hand hygiene was demonstrated. With this knowledge about increased adherence to hand hygiene, policy makers can better judge the necessity of implementing interventions to establish or improve adherence to hand hygiene. There is a need for careful consideration before setting a goal of zero tolerance to hand hygiene non-compliance to avoid failure and frustration.

Children's drawings: A strategy for understanding the experiences of critically ill children
Josée Gaudreault & Franco A. Carnevale
Canada
Abstract
This article complements our recently-published paper which reported our examination of children's experience of critical illness. In this article, we present the drawings created by some of the participants. Child drawings are recognized as important means for initiating discussion of complex topics with children, which can help identify themes for research interviews. All participants were asked to make a drawing of him/herself as critically ill. Six of the twelve participants - ranging from 3 to 11 years old - agreed to make a drawing. Observation field-notes were recorded as the participants completed their drawings. Drawing was observed to be a helpful process for fostering discussion with these participants, as they related aspects of their drawing to their experiences. The drawings helped demonstrate the ways these children remembered their experiences. Supporting existing knowledge, drawing should be considered as a research strategy for facilitating disclosure among critically ill children. Although not explicitly examined in this study, drawing would likely also be a helpful strategy for enhancing clinical communication with some critically ill children.

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2011.V12.N1-2

Editorial: Reflecting on the early days of pediatric critical care
Franco A. Carnevale
Canada
No abstract

Is cranial molding preventable in preterm infants? A systematic literature review of the effectiveness of interventions
Joke M Wielenga, Onno Helder, Petri W. Mansvelt, Agnes van den Hoogen
The Netherlands
Abstract
Aims*:* A systematic review of published studies was conducted to study the evidence supporting interventions to prevent or reduce cranial molding of the preterm infant in Neonatal Intensive Care Units. Background: Incidence of cranial molding has increased over recent decades. Cranial molding is identified as a contributor for negative physical and psychosocial developmental effects.
Design and Method*:* A systematic literature review and critical appraisal according to the Cochrane Collaboration Center assessment criteria was performed.
Results*:* Eight intervention studies meeting the inclusion criteria were identified. Most studies used the anterior-posterior: bi-parietal ratio as measurement of cranial molding. One multi-center quasi-experimental intervention study showed that infants who received regular repositioning had a statistically significant reduction of bilateral head flattening compared to infants who did not receive this intervention. Other studies had either methodological weaknesses or showed no effect for the intervention studied.

Conclusion: Evidence is poor and restricted to one intervention; regular body repositioning. More well-designed randomized studies are needed to confirm the effect of regular head and body positioning.

Spotlight on PICU: Intensive Care Without Walls – An Australian Perspective
Tina S Kendrick
Australia
No abstract

Questions & Answers from PICU-Nurse-International
Pang Nguk Lan
Singapore
No abstract

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2010.V11.N1-2

Guest Editorial: 6th WFPICCS World Congress on Pediatric Critical Care
Tina Kendrick
Australia
No abstract

Management of a Long Stay Child in PICU: Getting It Right Eventually!
Ann Doran, Wendy R. Sullivan, Catherine Robertson
New Zealand
Abstract
The nursing management of children requiring long term intensive care has been an ongoing challenge for the staff in the Paediatric Intensive Care Unit (PICU) at Starship Children's Hospital, New Zealand. In the past five years, there have been six children admitted to our unit who have had stays ranging from 97 to 380 days.
The problem of managing an alert 6 year old child who needed to spend months in PICU was not one we initially responded well to. Miss J required long term ventilatory support due to Guillain Barré Syndrome with a Miller Fisher variant. Her family was Punjabi, had strong cultural and religious beliefs, and limited English.
For children whose PICU stay is longer than seven days, we have had weekly multidisciplinary meetings, facilitated by the nursing shift coordinator and the duty intensivist. We have encouraged nursing staff to allocate themselves as primary nurses. Despite these measures, feedback from staff and her family suggested that Miss J was not getting the consistent care and support that she needed. By formally establishing a primary nursing team with a senior nurse coordinator, naming a lead clinical charge nurse, having multidisciplinary team meetings facilitated consistently by the same senior nurse, and vastly improving communication between all parties, we achieved the goal of transitioning Miss J to the ward with her and her family intact. We hope that the experience we have had with Miss J and her family will result in a sturdier approach to primary nursing in PICU in the future.

Spotlight on PICU: University Hospital of Lund, Sweden
Ann-Christine Lussagnet
Sweden
No abstract

Questions & Answers from PICU-Nurse-International
Pang Nguk Lan
Singapore
No abstract

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2009.V10.N1-2

Editorial: Ethical considerations in pandemic planning
Franco Carnevale
Canada
No abstract

The efficacy of facilitated tucking of the neonate: a systematic review
Anja van Brakel, Brigit Bogers, O.K. Helder
The Netherlands
Abstract
Background: Most infants cared for in a Neonatal Intensive Care (NICU) receive mechanical ventilation for respiratory support. Consequently they undergo painful and stressful interventions, e.g., endotracheal suctioning (ETS) and heel stick punctures for blood sampling. Pain relief by analgesia is frequently discussed in the literature. Non-pharmacological interventions for pain management like sucrose in combination with non-nutritive sucking are well studied. Recently publications have reported studies of facilitated tucking (FT) to comfort infants undergoing short painful procedures. In the current practice nurses provide FT to infants, however the efficacy of FT towards the reduction of stress and pain is unclear.
Objective: This review describes the effectiveness of facilitated tucking with regard to procedural pain in premature infants.
Methods: We systematically searched electronic databases including PubMed, Cochrane library and CINAHL to identify literature published up to May 2009. Included were articles concerning premature infants from 24 to 36 weeks gestation.
Results: Five crossover studies were selected out of 91 generated hits.
Conclusion: There was little high-level evidence regarding neonatal facilitated tucking. The literature shows some mixed outcomes toward the efficacy of FT. These five studies conclude that facilitated tucking may be an effective non-pharmacological intervention during endotracheal suctioning, heel stick and nursing care to comfort infants undergoing short painful procedures. Additional assessor blinded research is recommended.

Sharing technical expertise among Sister PICUs in the region
Pang Nguk Lan
Singapore
Abstract
Developing countries face many continual challenges in managing healthcare services as the working conditions can be overwhelming by the lack of sufficient skilled staff and absence of continuing education. Establishing basic healthcare provisions and simple hygiene awareness and infection control education could provide better benefit to the majority than the constructing or imparting of skills in state-of-the-art medical care. Much technical cooperation among developing countries occurs within the framework of regional integration efforts. A multitude of approaches, including imparting the acquired knowledge and skills, disease and care management and skills development through structured training collaboration programs would help to respond to ongoing healthcare quality improvement needs. The assistance models through partnership with government, the corporate sectors, and both local and international non-governmental organizations foster opportunities in promoting exchange of ideas, experiences, knowledge, technical advances, skills and expertise across their usual boundaries. Besides, such a platform would provide both parties with an opportunity to exchange thoughts and ideas in healthcare issues.

Factors which influence the development of health symptoms in pediatric and neonatal ICU nurses
Weiyun Fu, Feng Ma, Guoliang Teng
P.R. China
Abstract
Objectives: To document correlative factors which influence pediatrics nurse's physical and moral integrity in ICU (PICU and NICU)
Methods: A survey using the Clinical Symptom Self-reporting Inventory Analysis System (Symptom Checklist 90 by Dr. Leonard R. Derogatis) was conducted (Mental Measurements Yearbook). The survey used a 90-item questionnaire that examined symptoms such as: interpersonal relationships, sensitivity, melancholy, anxiety, hostility, and sadness. Each item was divided into five levels of grading

from none to severe. The questionnaire was distributed to 30 general ward nurses and intensive care nurses of Shanghai Children's Hospital (Feng, Zhang, 2001).
Results: The response to the questionnaire was 28/30 (93.3%). There were significant differences (P <0.05) between the two groups of nurses. The ICU nurses reported about two times greater than the general ward nurses to become weak in both body and mind with clinical symptoms (see Table 5). The ICU nurses were more likely to become overly sensitive and experience abnormal thoughts, headache, chest pain, fever, and renal disease.
Conclusion: Pediatric and neonatal ICU nurses are more likely to experience health symptoms than nurses on the general ward. Measures such as giving the nurse rest time to diminish feelings of exhaustion and frustration may decrease the emergence of physical and emotional symptoms. Reducing or eliminating the factors that negatively influence pediatric and neonatal ICU nurses' health is an important topic which urgently needs to be solved. Drawing attention to this issue may result in better recruitment and retention of PICU and NICU nurses.

Spotlight on PICU: Children's Medical Center Dallas
Lisa Milonovich
United States
No abstract

Questions & Answers from PICU-Nurse-International
Pang Nguk Lan
Singapore
No abstract

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2008.V9.N2

Editorial: Emancipatory Nursing
Franco A. Carnevale
Canada
No abstract

Operation Open Heart – The challenges and rewards of facilitating pediatric cardiac surgery in Rwanda
Andrew Bullock, Alison Handcock, Russell Lee, Denise Murray Goods
Australia
Abstract
More than one million people were killed during 100 days of genocide in Rwanda in 1994 in one of the bloodiest chapters in Africa's history. This has had untold ramifications on this small nation, and health care is just one area that has suffered in the aftermath. However, in the words of former Secretary-General of the United Nations, Mr Kofi Annan, "Today Rwanda has much to show the world about confronting the legacy of the past and tackling the challenge of recovery; it is demonstrating that it is possible to reach beyond tragedy and rekindle hope [1]." One group responding to the challenge to play a small role in Rwanda's recovery is Australian-based volunteer organisation Operation Open Heart (OOH). OOH is a specialist cardiac surgery team that initiated paediatric heart surgery at King Faisal Hospital in 2006, and continues to facilitate cardiac surgery services, infrastructure, education and training. The following paper outlines the role of OOH, the progress made in three years due to collaboration with excellent Rwandan hospital staff, and the positive outcomes to date. The paper also outlines some of the challenges facing heart surgery services in Rwanda, and despite these, the gradual steps towards sustainable, high quality cardiac surgery services into the future.

Spotlight on PICU: University Hospital Brussels
Dirk Danschutter
Belgium
No abstract

Questions & Answers from PICU-Nurse-International
Pang Nguk Lan
Singapore
No abstract

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2008.V9.N1

Editorial: *Pediatric Intensive Care Nursing*: I just love this Journal!
Franco A. Carnevale
Canada
No abstract

Vibration Therapy Reduces CPAP Need in a Prospective Randomised Controlled Trial
Onno K. Helder, Wim C.J. Hop, Johannes B. van Goudoever
The Netherlands
Abstract
Background: Increased mucus production is a common phenomena following ventilatory support, which might increase morbidity. In order to reduce airway obstruction we tested the effect of vibration therapy on the duration of ventilatory support.
Methodology: We conducted a randomised control study in a level IIIC NICU (28 beds) of a university hospital. Compared were non-active techniques to vibration therapy in preterm infants with a gestational age of 26 – 33 weeks. All infants were ventilated or receive respiratory support by nasal CPAP.
Results: 104 infants were enrolled, 49 in the vibration group and 55 in the control group. Demographic characters were in the vibration group compared to control group mean birth weight 1274 (± 335) gram vs. 1240 (± 351) gram and mean gestational age 29.8 (± 1.3) weeks vs. 29.9 (± 1.4) weeks. Vibration therapy did not reduce ventilation time (100 vs. 80 hours, $p = 0.88$) however duration of CPAP decreases significant (57 vs 157 hours, $p < 0.018$).
Conclusion: Vibration therapy reduced Mean Airway Pressure, oxygen requirements and CPAP need in preterm infants, but did not reduce the duration of mechanical ventilation.

A Struggle to Upgrade Quality Critical Care Nursing and to Save Life in Mauritius
Vednidhi S. Mudhoo
Republic of Mauritius
Abstract
This paper describes the difficult conditions under which pediatric critical care nursing is practiced in Mauritius, outlining the challenges involved in adapting care to minimally acceptable international standards. Strategies for overcoming these challenges are discussed.

Parental Participation in Care in the Pediatric Intensive Care Unit
Françoise Martens, Stefanie De Loof, S. H.- Idrissi
Belgium
Abstract
Aim: Evaluate the attitude of the mothers of a critically ill child and of the nursing staff with respect to parental participation in a pediatric intensive care unit (PICU).
Methods: Data were collected by means of an anonymous questionnaire based on the Parent Participation Attitude Scale (PPAS) and Personal and Professional Characteristics Data (PPCD) between December 2003 and March 2004.
Findings: When comparing the mother's data with the PICU nurse's data, similarities were found. However, nursing staff seem to have a more reluctant attitude in parental care participation toward the more complicated aspects in care.
Conclusion: This study strongly suggests that both mothers and nursing staff have a positive to very positive attitude with respect to parent participation in a number of care aspects.

Questions & Answers from PICU-Nurse-International
Pang Nguk Lan
Singapore
No abstract

Spotlight on PICU: Red Cross War Memorial Children's Hospital, Cape Town, South Africa
Minette Coetzee
South Africa
No abstract

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2007.V8.N2

Guest Editorial: How visible is pediatric intensive care nursing?
Beverley Copnell
Australia
No abstract

Ventilation and stress in preterm infants: High frequency ventilation is not an additional stressor
Joke M. Wielenga & Bert J. Smit
The Netherlands
Abstract
Aim. To study the hypothesis that high frequency ventilation (HFV) is an additional stressor compared to conventional ventilation (CV).
Methodology. A prospective explorative cohort study in a consecutive sample of 50 preterm infants (<37 gestational age) with Idiopathic Respiratory Distress Syndrome admitted to a Level III Neonatal Intensive Care Unit. During the first three days of ventilation stress was assessed by means of the Comfort scale (CS).
Results. 35 Infants received HFV and 15 CV. The HFV group was of significantly lower gestational age (p=.003), had a significantly lower birth weight (p=.017) and were significantly more severely ill (p<.0001). Stress scores between groups were comparable, adjustment for baseline differences revealed no differences in scores during the first 3 days of ventilation. Of all CS assessments, 34.0% in the HFV group and 35.6% in the CV group indicated stress (score ≥ 20).
Conclusion. Stress during the first three days of mechanical ventilation using the CS did not reveal any difference between high frequency and conventional ventilated preterm infants. Routine use of sedatives seems insufficient to prevent high stress scores.

Utilizing a Performance Improvement Team to Plan and Implement a Rapid Response Team for Pediatric Oncology Patients
Yvonne Avent, Paula Dycus, Nan Henderson, Nancy West, Lama Elbahlawan, James Cresswell, Keith Wilder
United States
Abstract
Medical Emergency Teams (METs) also referred to as Rapid Response Teams (RRTs) were introduced more than a decade ago to rapidly identify and manage ill patients at risk for cardiopulmonary arrest or conditions requiring more advanced care. The Institute for Healthcare Improvement's (IHI) Saving 100,000 Lives campaign advocates the implementation of in-hospital medical emergency teams as a means to rescue patients and reduce hospital mortality. At St. Jude Children's Research Hospital an inter-disciplinary performance improvement team was chartered to plan and implement a RRT for our pediatric oncology patient population. Mortality reduction was not an appropriate aim for our RRT. Patient scenarios that could be impacted by the RRT were identified and criteria for team deployment were developed.

Questions & Answers from PICU-Nurse-International
Pang Nguk Lan
Singapore
No abstract

Spotlight on PICU: Evelina Children's Hospital, London, United Kingdom
Fiona Lynch
United Kingdom
No abstract

WFPICCS Nursing Update: 2008
Maureen A. Madden
United States
No abstract

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2007.V8.N1

Editorial: Introducing changes to our Journal
Franco A. Carnevale
Canada
No abstract

The Student Experience of 'Woven' Online Learning for Paediatric Intensive Care Nurse Education
Yvonne Heward & Jon Harrison
United Kingdom
Abstract
This paper reflects on the development of a post registration Paediatric Intensive Care (PIC) Nursing course, using a cohort of 12 students, who commenced the course in September 2005, as a pilot group. The reasoning for the innovation will be investigated, taking into account relevant influencing factors and an outline of means of evaluation.

Resuscitation Guidelines - Managing Change In Practice
Michelle Fisher
New Zealand
Abstract
In 2005, The International Liaison Committee on Resuscitation (ILCOR) released advisory statements and a revised universal algorithm for Infant, Child and Adult Cardiopulmonary Resuscitation (CPR). Subsequently the New Zealand Resuscitation Council (NZRC) developed and disseminated revised guidelines for use within the New Zealand Healthcare System. Within the Paediatric Intensive Care Unit (PICU) the challenge of integrating new practice standards whilst ensuring compliance with CPR guidelines, was how to disseminate information to over 80 staff nurses working 12 hour shifts. Following implementation of an education programme, a survey completed by 20 staff members demonstrated that staff felt well supported with the introduction of the new CPR guidelines (90 %) and confident that they understood the changes to the resuscitation guidelines (90 %). Staff identified that the poster display (95 %) and the mail sleeve "flyer" (80 %) helped them understand the changes to CPR.

The use of high-fidelity simulation to implement a weight-based (Broselow) pediatric resuscitation cart system in the pediatric intensive care unit
Ruth P. Chen, Dianne Norman, Lennox Huang
Canada
Abstract
Background: Implementation of new equipment systems is a complex process requiring culture change and trials in the patient care environment. High-reliability organizations use simulation training for complex equipment systems to ensure readiness for critical events. We report the novel use of high-fidelity simulation (SIM) for the implementation of colour-coded, weight-based Broselow carts in the pediatric intensive care unit (PICU).
Methods: Three SIM-based resuscitations were held in the PICU over a one month period. Both pediatric and infant simulators were used to target different weight ranges for equipment and medications. Resuscitations were run by the multi-disciplinary, on-service PICU team. Post-resuscitation evaluation included team debriefing and a qualitative questionnaire to review the cart implementation strategy.
Results: Twenty-seven questionnaires were collected and analyzed for qualitative themes around participants' perspectives regarding SIM use when implementing new equipment systems. Overall, SIM was perceived as realistic and a valuable tool to increase familiarity and acceptance of the new resuscitation cart. Use of SIM provided an opportunity to evaluate new equipment systems in a safe environment. Additionally, SIM-based resuscitation scenarios reinforced the need for good communication and effective team functioning during a pediatric arrest.
Conclusion: High-fidelity simulation can be an effective tool to introduce new equipment systems in the PICU by facilitating application for the end-user in a clinical environment without compromising patient safety. Further study is needed to determine the superiority of SIM over traditional implementation methods in the PICU and in other hospital environments.

5th World Congress on Pediatric Intensive Care, June 24–28, 2007, Geneva, Switzerland
Elaine McCall
New Zealand
No abstract

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2006.V7.N2

Editorial: The impact of pediatric critical illness and injury on families: A review of the evidence
Franco A. Carnevale
Canada
No abstract

The Infant with Apnea and Nursing Care Implications
Nursan Dede Çınar, Funda Akduran
Turkey
Abstract
Apnea represents one of the most frequently encountered respiratory problems in the premature infant. It is not known why some infants are affected and others are not, although certain factors have a good predictive value. Nursing measures to prevent and manage apnea are reviewed with an emphasis on parent education and preparation for discharge. Apnea resolves in most preterm infants as they approach term corrected gestational age. However, if it does not, options include continued hospitalization or, for infants with stable apnea, discharge with a home apnea monitor.

Listening to the Voice of the Child: Methodological issues involved in conducting research with children
Donald Meloche
Canada
Abstract
This paper is an invited examination of the findings of a recently published study of the moral experiences families living at home with children requiring assisted ventilation (Carnevale et al., 2006). This analysis focuses particularly on the relatively absent perspectives of the children that participated in the study. The paper outlines important methodological considerations that may limit children's disclosures in the context of research, concluding with a discussion and demonstration of methods drawn from clinical practice that may be more effective.

1st International Symposium of Pediatric and Neonatal Critical Care Nursing held in Brazil
Myriam A. Mandetta Pettengill, Maria Angélica Sorgini Peterlini, Eliana Moreira Pinheiro, Mavilde L G Pedreira
Brazil
Martha A.Q. Curley
United States
Abstract
This paper reports on the *I*st *International Symposium of Pediatric and Neonatal Critical Care Nursing* was held in São Paulo, Brazil, on June 28th to 30th, 2006, by the Nursing Department at Federal University of São Paulo. The principal themes that were addressed and participant feedback are outlined. Dr. Martha Curley was an invited keynote speaker.

Monitoring of Non-Invasive Blood Pressure
Patricia Vendramim
Brazil
Abstract
This lecture was presented at the 1st International Symposium of Nursing in Pediatric and Neonatal Intensive Care in the city of São Paulo - Brazil (June 2006). The author offers supporting evidence for understanding non-invasive blood pressure measurement methods. Also examined are studies that search for methods that minimize measurement errors.The oscillometric method is often cited in the literature. Although it the most frequently used method, it also seems to result in less accurate values. Additional studies on pediatric patients are required to validate these findings.

Ethical Implications of Errors in ICU Nursing Practice
Katia Grillo Padilha
Brazil
Abstract
This article discusses general considerations on ethical nursing practice relating to errors in ICUs, according to the bioethical principles of beneficence and nonmaleficence. In the health care context, the need for error analysis under a systemic focus in a safe non-punitive culture is highlighted, so that effective preventive measures are adopted in such services. It is a mandatory ethical commitment for nurses working in ICU that they provide care to assign a priority to patient dignity in a system that ensures more protection and less risks and failures.

Teaching Pediatric Pain Management in Cambodia: An eye opening experience
Manon Ranger
Canada
Abstract
This article is a brief portrayal of my first humanitarian mission with a French Non Governmental Organization, *Douleurs Sans Frontières* (DSF). I share my enlightenment brought on through this special teaching experience in Cambodia, as well as reflections on how culture and additional factors can influence pain management. Some of the cultural boundaries encountered are described. A portrayal of the medication delivery system realities witnessed during my teaching sessions is depicted. Final thoughts and hopes for the future are expressed.

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2006.V7.N1

Editorial Article: How do you know what you know? Recognizing practical knowledge in nursing
Franco A. Carnevale
Canada
No abstract

Truth and Consequences: Parental Perspectives on Autopsy after the Death of a Child
Mary Ellen Macdonald, Stephen Liben, S. Robin Cohen
Canada
ABSTRACT
Objectives: Autopsy is an important part of pediatric end of life care. Autopsies can provide concrete information about the pathology of a child's disease process, confirming or disconfirming ideas of disease mechanisms, diagnoses, and iatrogenic complications. This information can both further scientific knowledge as well as assist a family's grieving. This report explores parental experiences of the autopsy process after pediatric death in the Intensive Care Unit (ICU).
Methods: Twelve parents whose child died in the ICU of a tertiary care pediatric hospital were interviewed to understand their experience of the death. Investigators reviewed transcripts and observational fieldnotes. Multidisciplinary team triangulation was used to corroborate themes using cross-case analysis.
Results: One salient finding from this study concerns parental experiences and understandings of autopsy. Parents reported a variety of practices concerning the autopsy consent process. These practices included: a) the treatment team not approaching parents about autopsy; b) the treatment team directly asking parents about autopsy; c) parents broaching the subject of autopsy themselves; and d) the treatment team discouraging parents from autopsy. Four themes emerged concerning parental experiences and understandings of autopsy: 1. Autopsy and the advancement of scientific knowledge; 2. Autopsy and the cause of death; 3. Balancing the search for truth with the invasive reality of autopsy; 4. The protracted waiting for the pathology report.
Conclusions: These findings suggest that from parental perspectives, autopsy consent practices are variable. Further, parents reported beliefs and practices around autopsy that are contrary to scientific evidence about the benefits of autopsy for pediatric end of life care and family bereavement. Future work is needed to look at staff perspectives to further our understandings of these findings.

Spotlight on PICU: Pediatric Intensive Care in Melbourne, Australia
J. Derek Best
Australia
No abstract

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2005.V6.N2

Guest Editorial: Critical Care Nursing: A World Wide Perspective
Ged Williams
Australia
No abstract

Hurricane Wilma during the 7th Latin American Congress in Pediatric Intensive Care in Cancun: Seven Lessons to Learn
Mavilde L.G. Pedreira, Bettina von Dessauer, Osvaldo Bello
Brazil
No abstract

To keep alive or let die: Parental Experiences with Ventilatory Decisions for their Critically Ill Children
Franco A. Carnevale, Rita Troini, Janet Rennick, Michael Davis, Eren Alexander
Canada
ABSTRACT
This article reports selected findings from a larger study examining the moral experience of families with children requiring long-term mechanical ventilation at home. The data presented here refer directly to families' experiences in critical care settings where they are faced with the decision of bringing their child home with a respirator and other related therapies. The data presented here are drawn from 18 parents (from 12 families) recruited through the Home Ventilatory Assistance Program of the McGill University Health Centre in Quebec, Canada. Data were collected through interviews and observations, all conducted in the families' homes. Two principal themes emerged. First, parents struggled with negative staff attitudes. They repeatedly faced what they perceived as pessimistic and discouraging words and actions from staff, from which parents inferred that staff attributed little worth to the lives of their critically ill children. Second, parents had to deal with difficult choices. Parents were very distressed by having to decide whether or not to keep their child alive. They frequently felt like they did not really have a free choice. The article concludes with recommendations that treating teams working with this population critically examine their approaches, in light of this evidence, and seek to reconcile the difficulties raised by these parents.

Critical Care Transcending Boundaries: Buenos Aires 2005
Maureen Madden
United States
No abstract

Spotlight on PICU: Pediatric Critical Care Nursing in Beautiful British Columbia
Tracie Northway
Canada
No abstract

Research News: Randomized Trials in Child Health in Developing Countries
Trevor Duke
Australia
No abstract

Critical Care Nursing Position Statements
No abstract

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2005.V6.N1

Editorial: What can nurses do in the face of regional disasters?
Franco A. Carnevale
Canada
No abstract

Insight into KKH Tsunami Relief Efforts
Pang Nguk Lan
Singapore
Abstract
It was a tragic end to the year of 2004 as countries across South and Southeast Asia mourned for the massive loss of lives in the tsunami disaster that hit on December 26th. The 9.0 Richter Scale earthquake not only brought catastrophe beyond imagination and killing 300,000 people in countries that were afflicted, it also touched the hearts of many to bring out the best in humanity to provide immediate help to victims ravaged by the cataclysm.
Fundraising efforts kicked off almost immediately in the aftermath of the disaster, with KKH staff pledging up to five percent of their salary for three months. The money was used to purchase equipment and drugs for the Acehnese. Besides rendering support for the various fundraising initiatives, many of our staff rose to the occasion by responding to calls for volunteers for medical relief mission trips.

Lessons Learned from a Belgian Response to the Tsunami Disaster
Dirk Danschutter
Belgium
Abstract
This article provides a detailed account of the tremendous difficulties encountered by a Belgian Medical Team in Banda Aceh within the two to three weeks that followed the December 26th 2005 tsunami disaster. This response team was faced with extraordinary medical and social problems.

A Photographic Essay from the Tsunami Disaster
Dirk Danschutter
Belgium
No abstract

Endotracheal Suction in Children and Neonates: Towards an Evidence-Based Technique
Beverley Copnell
Australia
Abstract
Endotracheal suctioning is an important procedure in intubated infants and children, but there is no convincing evidence base for many of its aspects. In performing the procedure, clinicians must find a balance between the effective removal of secretions and the risk of complications. The majority of research has focused on the latter, and effectiveness of suction has received little attention. Recent research findings suggest the need to revisit some accepted techniques. This article reviews these findings and suggests directions for future research. It is argued that research specific to the neonatal and pediatric populations, using appropriate methods, and focusing on clinically important outcomes, is required for the development of an evidence base.

Spotlight on PICU: Some Realities and Perspectives of Pediatric Critical Care Nursing in Brazil
Mavilde L.G. Pedreira. Maria Angélica S Peterlini, Myriam AM Pettengill
Brazil
No abstract

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2004.V5.N2

Guest Editorial: Signs and Sounds of Pediatric Intensive Care Nursing
Jos Latour
The Netherlands
No abstract

The Mountable Stretcher Extension Rack (MOUNSTER©) of the AZ-VUB, Brussels, Belgium
Dirk Danschutter
Belgium
Abstract
Pediatric intensive care units (PICU) are generally centralized in tertiary hospitals, requiring a transportation system to transfer patients from initial management areas towards the PICU. This transport system should be safe according to the highest standards and include initiation of full PICU therapeutic measures from the moment patient care is entrusted to the transport team. The therapeutic measures should be qualitatively identical to those that will be continued in the PICU and maintained prior to, during and after transport.
Therefore, all PICU equipment has been integrated on a reconfigured ambulance trolley, leading to the design of an out-of-hospital bed with precisely the same options as for a standard PICU bed; the transport team is thus not challenged by different or additional equipment during transportation.
A standard available Stryker M-1 rugged trolley has been equipped with a second patient level. Most of the equipment has been integrated in the level between carrier and patient bed, creating full and 360° access round and above the patient. All original 10G fixation points were kept unaffected. Binary gas supply and a manifold controlled distribution system provide a Siemens 300 servo respirator with compressed air and oxygen, either from the trolley gas cylinders or the ambulance supply. The same technique was used for oxygen and aerosol administration. Two independent batteries generate 1200 W resulting in 2 hours of autonomy in case of ambulance inverter failure. The trolley is standard equipped with 4 IV syringe pumps but 3 IV poles offer additional expansion. Full monitoring (including EtCO2 and invasive blood pressure measurement), AED and communication system are incorporated. The trolley is also equipped with a suction unit and an active heating and humidification device for inspired gasses. Standard PICU medication and disposables, resuscitation charts and precalculated medication charts are available in the transport backpacks. The notion of a mobile PICU is not new, but the feature of our mobile unit represents an important step in the optimisation of the transport of critically ill children.

Can the need for Intensive Care be avoided in Children?
Irene Harth
Germany
Abstract
This paper discusses current child health trends. In particular, factors are highlighted that have diminshed certain types of critical illness in children as well as those that have contributed to a rise of other types of life-threatening illnesses

Spotlight on PICU: KK Women's and Children's Hospital of Singapore
Pang Nguk Lan
Singapore
No abstract

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2004.V5.N1

Editorial: Pediatric Intensive Care Nursing and International Outreach
Franco A. Carnevale
Canada
No abstract

Personal Digital Assistants in nursing Care
Irene Harth
Germany
Abstract
Personal Digital Assistants (PDAs) have been successfully used for personal organisation for some time already. In recent time they have also gained more and more importance in the professional area of hospitals. As they are less expensive than Personal Computers and Note Books, higher numbers can be purchased and placed at the healthcare workers' disposal. The handy size guarantees great mobility and independence from the electronic work stations of a unit. As a mobile component of a hospital information system, PDAs can be used for the documentation of patient data directly at the bed side. PDAs also allow a recall of patient related data there, where the data is needed – at the point of care. This can include the latest lab results as well as medical or nursing care information from the intranet, electronic textbooks or the numerous free ware and share ware offered especially for the use in PDAs. Equipped with barcode scanners, digital cameras or speech recognition, PDAs impress with their multi functionality. Therefore PDAs are not only toys for technical freaks but rather useful informatics instruments that have the potential to influence the future professional nursing world decisively.

Emily's Story: A Narrative of Uncertainty
Jennifer Bevacqua
United States
Abstract
This discussion of a young girl with refractory status epilepticus examines the particular difficulties encountered by nurses when an underlying etiology or cause or a patient's condition cannot be identified.

Spotlight on PICU: Wuerzburg University Children's Hospital
Ilona Weidner
Germany
No abstract

Searching the Web!
Dirk Danschutter (Editor)
Belgium
No abstract

Questions & Answers from PICU-Nurse-International
Karin Storm
Denmark
No abstract

PICU-Nurse-International Online Symposium
Franco A. Carnevale
Canada
No abstract

European Society of Paediatric and Neonatal Intensive Care Website
Irene Harth
Germany
No abstract

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2003.V4.N2

Editorial: Pediatric Intensive Care Nursing is now a Journal!
Franco A. Carnevale
Canada
No abstract

Open Heart Surgery in Papua New Guinea – 2003
Margaret Bresnahan
Australia
Abstract
Each year since 1993, a group of volunteer health care workers from throughout Australasia, have traveled to Papua New Guinea (PNG) under the auspices of the Adventist Development and Relief Agency (ADRA). A part of the "Operation Open Heart" program, the team provides cardiac surgery and on-going education in this country that does not have the funds and facilities to run its own program. In time it is hoped that local teams will have the knowledge and experience to provide their own service once the funding becomes available. The incidence of congenital cardiac defects in PNG is estimated to be similar to world-wide figures. However it is a developing country with a small health budget, so has to prioritise its health care, and a cardio-thoracic unit is not an option at present. The visiting team stays for only a week so many factors need to be taken into account when choosing those patients who will receive surgery. One of these is the requirement for specialist post-operative care, and as this is only available while the team is in residence, much more complex repairs are usually not planned.

Improving Nursing Care of Infants and Children Ventilated with Uncuffed Endotracheal Tubes
Sandi Evans
New Zealand
Abstract
Currently I am practising as the 'Paediatric Link Nurse' in an Intensive Care Unit (ICU) within a metropolitan area in New Zealand. This is a mixed-age ICU, caring for patients throughout their life span. The most common reason for a patient's admission to the ICU is the need for mechanical ventilation. Currently, due to ventilator availability and medical and nursing practice, the usual mode of mechanical ventilation is volume-limited with pressure breath triggering. However, reflection within my own practice leads me to believe that the use of this mode can compromise effective ventilation of paediatric patients, due to air leaks around the uncuffed endotracheal tubes of infants and small children. This air leak makes a guaranteed tidal volume almost impossible and can cause ventilator breath stacking and volutrauma. This can impact on the patient's comfort, sedation requirements and airway security, and affects how these patients are nursed. Thus the ventilation of these paediatric patients by the current volume-limiting mode may be not always be optimal for the infant/child. A new ventilator is becoming available to the unit, with a pressure-controlled, flow breath-triggering mode available. I will critique the possibility of using this mode of ventilation, suggesting how this will impact on nursing practice in ICU, and of the education and knowledge that will be required. I believe this change to ventilation practice may improve comfort and safety for the intubated child/infant, through the delivery of an optimal mode of ventilation.

Spotlight on PICU: Starship Children's Hospital
Elaine McCall
New Zealand
No abstract

Questions & Answers from PICU-Nurse-International
Karin Storm
Denmark
No abstract

Report on 4th World Congress on Pediatric Intensive Care
Patricia A. Moloney-Harmon
United States
No abstract

Minutes from the WFPICCS Nursing General Assembly
No abstract

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2003.V4.N1

Editorial: A letter from The Front Line
Pang Nguk Lan
Singapore
No abstract

Evidence-Based Nursing in Pediatric Critical Care
Jos M. Latour
The Netherlands
Abstract
The drive to change pediatric intensive care nursing into a more scientific based nursing originated mainly from academic nurses. However, today's bedside nurses in pediatric critical care are aware that scientific and practical evidence has become widely available and ready for use in practice. Evidence-based nursing is a guide that makes silent academic papers lively in daily practice. The steps described in evidence-based nursing is an approach to define issues or questions in nursing practice, find answers to them, and implement the best solutions into daily practice. The final aim of this approach is to improve nursing care and in the end improve patient outcomes.

Development of a Sedation Scale for the mechanically ventilated muscle relaxed pediatric critical care patient
Ivy S. Razmus, Kathy A. Clarke, Karen Z. Naufel
United States
Abstract
This study investigated the usefulness of a Modified Comfort Scale to evaluate adequacy of sedation for muscle relaxed children. The Comfort Scale was modified to address the muscle relaxed child. Parameters of the Comfort Scale that could not be valid in a paralyzed child were replaced with objective measurements of skin perfusion, pupillary size and response and cardiovascular response to auditory and tactile stimulation. Parameters of agitation, alertness, physical movement, respiratory response and muscle movement were removed. The scale was altered from an eight-parameter scale to a six-parameter scale. The Modified Comfort Scale was evaluated with a technique similar to the one described in the original Comfort Scale study. The child was evaluated simultaneously by four raters, two using the Modified Comfort Scale and two using a Likert type Adequacy of Sedation Scale (previously known as Physician Adequacy of Sedation Scale). A comparison was made between the two scales.

A Virtual PICU Orientation Program: A Solution to Scarce Education Resources that Exceeds Expectations!
Kate Mahon
Canada
Abstract
Until the Spring of 2000, a competency-based orientation program for new nursing staff to the Pediatric Intensive Care Unit (PICU) at the Izaak Walton Killam Health Centre (IWK) in Halifax, Nova Scotia, Canada, had been coordinated for 20 years by a Nurse Educator. The eight week orientation program consisted of paper-based self-directed learning modules, combined with classroom lectures delivered by the Educator and a preceptored clinical experience with an experienced PICU nurse. The sudden departure of the Educator, as a result of hospital downsizing, left behind a solid framework for new learners, but posed an immediate gap in the administration, coordination and delivery of this Instructor-centred orientation program. The Preceptor Group of staff nurses valiantly took over the lectures to deliver course content, but it was quickly apparent that a long term sustainable solution needed to be found. That solution came in the form of the utilization of web-based instructional technology to transform a traditional paper-based, classroom delivered model into a dynamic and interactive orientation program delivered asynchronously via the internet using the Web Course Tools (WebCT) platform. This learner-centered model has not only been an evolutionary change in the delivery of the PICU orientation program, but it has been revolutionary in its outcome of the delivery of a high quality, high tech orientation program which far exceeds the expectations of learners, while ensuring the long-term sustainability of the PICU orientation program.

In Their Own Words: Paediatric Intensive Care Nurses' Experiences of Withdrawal of Treatment
Colin Way
United Kingdom
Abstract
Introduction: The ability to provide extraordinary life sustaining therapy and the ability of paediatric nurses to care for children with these technologies have made defining the limits of paediatric intensive care even more problematic. In the author's experience, much tension and conflict surrounds the decision making process during the withdrawal of treatment. Purpose: The purpose of this study was to create a detailed and faithful interpretive account of nurses' experiences during their involvement with the withdrawal of treatment from the critically ill child in paediatric intensive care. A hermeneutic phenomenological approach was used to study how nurses interpret their lives and make meaning of what they experience. In depth conversations with five nurses were carried out and data collection and analysis was guided by human science research as proposed by van Manen.
Results: The research illuminated four main themes: 1. Wanting to care and develop relationships; 2. Emotional labour: being surrounded by grief and sorrow; 3. Consolation when a human being suffers, and 4. Making sense of the situation (I can see clearly now, sometimes). When these themes were explored it became apparent that the nurses' experiences where highly complex and emotional. Withdrawal of treatment was not seen as a purely physical act of removing life sustaining treatment, but had complex temporal, visual and contextual aspects to it. For many nurses great personal relationships developed between themselves, the child, and parents which had a physical and emotional impact on the nurse. These nurses described highly skilled nursing expertise which came from their seniority and time spent in the speciality of intensive care.

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2002.V3.N2

Editorial - Pediatric Intensive Care Nurses are Coming Together in Boston
Franco A. Carnevale
Canada
No abstract

Bali – A View From Australia
Beverley Copnell
Australia
Abstract
This paper describes events following the October 2002 bombings in Bali. In particular, the extraordinary amount of severe injuries transported to Australia for critical care is described. This is referred to as the largest disaster encountered by Australia in its modern history.

Moral binds and conflicts of interests: Ethical considerations for innovative therapies
Franco A. Carnevale
Canada
Abstract
Complex ethical considerations involved in decision-making regarding the introduction of innovative therapies are discussed. These are related to a case study of a 10 year old boy with chronic cholestatic disease (listed for a liver transplant) that has been admitted to the PICU with an acute deterioration of liver function and hepatic encephalopathy. The gastroenterology service proposes using an innovative therapy: the molecular adsorbent recirculating system (MARS) - a cell-free, extracorporeal, liver-assistance method for the selective removal of albumin-bound metabolites.

Perth 2002 8th Paediatric and Neonatal Intensive Care Meeting
Fenella Gill
Australia
No abstract

International Nursing Research Network
Beverley Copnell
Australia
No abstract

World Federation of Critical Care Nurses
Ged Williams, Chair, WFCCN
No abstract

WELCOME TO THE INTERNATIONAL PEDIATRIC INTENSIVE CARE NURSING NETWORK (IPICNN)
FRANCO A. CARNEVALE
CANADA
No abstract

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2002.V3.N1

Editorial - Getting the word out: Pediatric Intensive Care Nursing is now indexed!
Franco A. Carnevale
Canada
No abstract

Annie's Story: The Synergy Model in Pediatric Critical Care Nursing Practice
Danielle Rohde, Patricia A. Moloney-Harmon
United States
Abstract
The Synergy Model describes a nurse-patient relationship that optimizes patient and family outcomes. All patients, regardless of age, have similar needs that they experience across a continuum of health to illness. The dimensions of the nurse competencies are driven by the needs of patients and families. When there is synergy between the patient/family needs and the nurse competencies, optimal patient outcomes occur.

Perspectives on parental presence during resuscitation: A literature review
Jos M. Latour
The Netherlands
Abstract
This paper presents a synthesis of research and review articles discussing parental presence during resuscitation. The incidence of resuscitation in paediatrics is relatively low and not many studies are available. The articles related to paediatric resuscitation and parental presence are mainly professional-oriented and small in population. Therefore more multi-centre studies are needed to foster a greater understanding of the impact of witnessed resuscitation on parents and professionals. There is however a growing acceptance by health care professionals of allowing parents to be present at the resuscitation of their children.

The Preservation of Core Values in Times of Chaos and Conflict
Nancy Rollins Gantz
United States
Abstract
The healthcare environment, as other industries, is in a perpetual mode of change, chaos, paradigm shifts, adaptation and uncertainty. Thus, people in leadership positions are challenged to even a higher level to maintain stability and the core values and principles that are the interest of all and, most certainly, them. The strongest alliance a leader has is the wholesome principles and core values based upon stewardship, service, people and commitment. This article provides the tools, skills and priorities for a professional when they are faced with such a personal or leadership challenge.

PICU International: E-Group Provides Ideas, Support
Lisette Hilton
United States
Abstract
This paper describes the creation of an international egroup for nurses with an interest in critically ill children. A variety of clinical as well as organizational problems are presented, for which members have

been able to seek advice or information from experts and peers around the world. Information on how to join the egroup is also presented.

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2001.V2.N2

Editorial - Caring for a Critically Ill World: September 11th & the distress of children
Franco A. Carnevale
Canada
No abstract

September 11th, 2001 - A view from a New York City PICU
Jean-Marie Cannon
United States
No abstract

Innovation in Nursing Practice: A Singapore Perspective
Pang Nguk Lan
Singapore
No abstract

Initiation of a Pediatric Nurse Practitioner program at St. Louis Children's Hospital in St. Louis Missouri
Nancy Rollins Gantz, Debra Trickey, Anne Bisch, Carol Massmann, Lara Smith
United States
No abstract

Nursing Involvement in Clinical Decisions: A perspective from Wuerzburg, Germany
Ilona Weidner
Germany
No abstract

Questions & Answers from PICU-Nurse-International
Themes: In-Line Suctioning, ET Tube Clamping, Children in Adult ICU, Hypertonic BAL. Spinal Cord Lesion
No abstract

Congress Report: The Paediatric Intensive Care Nursing Seminar, Sydney Australia, 28th Oct 2001
Jared Jeffrey
Australia
No abstract

The World Federation of Critical Care Nurses Has Arrived
G. Williams, I. Rogado, B. Budz, J. Albarran, G. Speed, D. Kim, B. Baktoft, B., E. Wong
No abstract

News From PICU-Nurse-International@yahoogroups.com
No abstract

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2001.V2.N1

Medical Earthquake Relief Mission to Gujarat, India
Pang Nguk Lan
Singapore
No abstract

Changing Syringes Containing Inotropic Medications: A review of two methods
Margaret Powell & Franco A. Carnevale
Canada
No abstract

PICU Nurse–Patient Ratios: In search of the 'right' numbers
Franco A. Carnevale
Canada
No abstract

News From PICU-Nurse-International@yahoogroups.com
No abstract

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2000.V1.N2

Editorial Welcome
Franco A. Carnevale
Canada
No abstract

The Swan Ganz Catheter: A Critical Review
Dirk Danschutter
Belgium
No abstract

Suctioning children: Rethinking old rituals
Dianne McKinley, Sharon Kinney, Bev Copnell
Australia
No abstract

International Paediatric Nursing Research Network (IPNRN)
Bev Copnell
Australia
No abstract

Reflections On The Art And Science of Paediatric Intensive Care Nursing, 7th Symposium ESPNIC Nursing 2000
Colin Way
United Kingdom
No abstract

International Pediatric Intensive Care Nursing Network, Minutes from the General Meeting, Canada, June 26, 2000
Pat Moloney-Harmon
United States
No abstract

News From PICU-Nurse-International@egroups.com
No abstract

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2000.V1.N1

Nursing Report on the 3rd World Congress on Pediatric Intensive Care

Franco A. Carnevale
Canada

- A community of interest
- Nursing Program Opening Session
- Reports from Around the World
- French Nursing Pre-Congress
- Post-Congress for Nurses from Japan
- Nursing Presentation Report
- Nursing Awards
- Congress Publications
- Nursing Evaluation of Congress

No abstract

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Bernice Budz, Canada
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Jean-Marie Cannon, United States
Franco A. Carnevale, Canada
Ruth P. Chen, Canada
Nursan Dede Çınar, Turkey
Kathy A. Clarke, United States
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Pediatric Intensive Care Nursing is an international journal which promotes excellence in clinical practice, research, education and management, and provides a forum for the exchange of knowledge and ideas. The editors welcome articles on any topic of interest to pediatric or neonatal intensive and critical care nurses.

Manuscripts submitted to *Pediatric Intensive Care Nursing* must not have been published previously (except in the form of an abstract or as part of a published lecture or academic thesis), and must not be concurrently under consideration by any other journal. Once accepted for publication, manuscripts become copyright to *Pediatric Intensive Care Nursing* and may not be reproduced without permission from the editors.

Format
Manuscripts must be written in English; either American or British spelling may be used but must be consistent throughout. Manuscripts should be typed double-spaced, using Arial or Times New Roman font in at least 11-point, with margins of at least 2 cm or 1 inch. Number pages consecutively beginning with the title page. The preferred length for research, clinical and review papers is 1000-2500 words, excluding references. Submissions to Spotlight on PICU should not exceed 1500 words. The sections of the manuscript should be in the following order.

Title page
- Title should be concise and informative, and typed in bold capitals.
- Names (first name, initial(s) and family names) of authors in the order in which they are to appear. Include a maximum of 4 qualifications for each author
- Institutional affiliation(s) of each author
- Address, telephone and fax numbers and email address of corresponding author

Abstract
An abstract not exceeding 250 words is required for all submissions except those for Spotlight on PICU. For research studies, the abstract should be structured under the following headings: Background, Methodology, Results (or Findings), Conclusions.

Body of text
Use headings to structure the paper. The type of paper will determine the headings, eg for research papers the main headings will be Introduction, Background, Methodology/Methods, Results/Findings, Discussion, Conclusion. Up to 2 levels of headings may be used. Papers reporting research conducted in humans or animals should include a statement that the study was approved by the relevant body or bodies.

References
The list of references should only include works that are cited in the text and that have been published or accepted for publication. References such as “personal communications” or “unpublished data” cannot be included in the reference list, but can be mentioned in the text in parentheses.

References should start on a separate page following the text. They must be numbered in the order in which they appear in the text and listed in numerical order. In the text, designate reference numbers on the line (i.e., in normal text, not superscript) in parentheses. If using Endnote or Reference Manager, references should be formatted using the style *Intensive Care Medicine*.

Examples

Journal article: Tan AM, Gomez JM, Mathews J, Williams M, Paratz J, Rajadurai VS (2005) Closed versus partially ventilated endotracheal suction in extremely preterm neonates: physiologic consequences. Intensive and Critical Care Nursing 21:234-242

Journal article published on-line ahead of print: Duff JP, Rosychuk RJ, Joffe AR (2007) The safety and efficacy of sustained inflations as a lung recruitment maneuver in pediatric intensive care unit patients. Intensive Care Medicine 10.1007/s00134-007-0764-2

Book: McHaffie H (2001) Crucial decisions at the beginning of life: parents' experiences of treatment withdrawal from infants Radcliffe Medical Press, Abingdon

Book chapter: Cordery C (1995) Doing more with less: nursing and the politics of economic rationalism in the 1990s. In: Gray G, Pratt, R. (ed) Issues in Australian Nursing 4. Churchill Livingstone, Melbourne, p 355-374

Conference paper: Copnell B, Tingay DG, Kiraly NJ, Sourial M, Gordon MJ, Mills JF, Morley CJ, Dargaville PA Comparison of the effectiveness of open and closed endotracheal suction. Procedings of the Pediatric Academic Societies' Annual Meeting, San Francisco, May 2006. E-PAS2006:2059:5560.2342.

Electronic source: National Institutes of Health (2004) Program announcement: Improving care for dying children and their families. http://grants1.nih.gov/grants/guide/pa-files/PA-04-057.html Accessed: July 20, 2004

Figures and Tables

All figures (graphs, photographs, diagrams) and tables should be numbered consecutively and cited in the text. Each figure and table should be on a separate page at the end of the manuscript. Tables should have a title above and, if needed, a legend at the bottom explaining any abbreviations used.

Figure legends should be typed on a separate page. They should be concise but self-sufficient explanations of the illustrations.

Illustrations should be supplied in electronic format.

Written permission must be obtained to reproduce illustrations and tables that have appeared elsewhere, even if the work of the author(s). Borrowed material should be acknowledged in the legends. Identifiable clinical photographs must be accompanied by written permission from the persons in the photograph, or parent or guardian for children.

Manuscript submission

Electronic submission is required. Manuscripts should be saved as a Word document and emailed to the editor Franco Carnevale (franco.carnevale@mcgill.ca).

Submissions to Spotlight on PICU can be emailed directly to the column editor, Dr Bev Copnell, at Beverley.Copnell@med.monash.edu.au

Pediatric Intensive Care Nursing website: www.mcgill.ca/picn