

NURSING SUNRISE SESSION: Care of the child with neurological trauma, oral care and bronchiolitis

Care of the child with TBI (Tume)

- Accurate assessment of the child with TBI is crucial using appropriate GCS for age and status
- Aggressively treat hypoxia and hypotension because they significantly worsen outcomes
- Recognise impending herniation and act quickly to prevent this
- Ensure all the 'basics' are attended to: decompress stomach, bladder empty, good oxygenation and ventilation, no fever
- Evidence that clustering nursing cares in TBI children (especially suction and turning) may cause more harm than spacing them out.

Oral care (Pedreira)

VAP prevention and identification - Systematic implementation of preventive measures to VAP prevention in PICU are pivotal due to the high risk of TBI patients developing this adverse event.

Should we use Antiseptics? - A meta-analysis of the three studies of children (342 participants, aged from 3 months to 15 years) provided no evidence that chlorhexidine compared to placebo showed a difference in the outcomes of VAP or mortality.

How and when for oral care? - the frequency and the technique of oral care (tooth brushing versus no tooth brushing) remain open questions

Care of the child with bronchiolitis (Sorice)

- During viral season, bronchiolitis is a routine diagnosis in the PICU.
- Recent guidelines recommend care of children with bronchiolitis, however, care should be taken to tailor guidelines to the clinical case.
- High flow nasal cannula is showing promise in management of respiratory distress in infants with bronchiolitis.