

Scenario 1 – the paediatric intensive care nurse – video transcript

My name is Daya Kaur. I am a nurse in PICU with 10 years' experience.

I have a passionate interest in surgery due to the fact of really the life changing impact that it can have.

And also really have relished the challenges that PICU have brought. The relationship building with parents, the child and really supporting parents and children through their journeys.

With a vested interest in really meeting the best interest of the child's welfare.

And also really the credibility and experience that I've really gained in terms of respect with the multidisciplinary team.

I want to talk about a current case I'm with, with a two-year-old child that was transferred to us post cardiac surgery.

The surgery ended up being more complex. The child was on ECMO during theater.

There was difficulties restarting the heart for the second time following a bleed.

Subsequent testing showed that there was significant brain damage to the child caused by hypoxia. This was absolutely devastating news for us all and shocking for the parents.

It was decided by the clinical specialist that providing care for this child was not an option.

In their best interest as a child would unlikely ever be weaned off ventilation.

Other organs were also compromised. Conversations took place between the parents, the surgical team, the PICU doctors and us nurses in PICU.

With the intention of withdrawing ventilation. The parents disagreed. They felt that this was a precious life, their child's life, and that they had the rights to really save the child's life.

As a result of this conflict, the hospital are preparing a case in court to make the judgment about withdrawing the ventilation.

Ventilation causes secretions to build up in the airways, and this requires the secretions build up in the airways to be removed every few hours.

This is a very distressing process. I've been told that it's like a hot poker rod down your throat. There's no way to mitigate the pain.



And whilst the child clearly has brain damage, you can really observe the distress caused by not only their body language, the flinches, but also the heart rate elevation and the BP elevation.

This is torturing the child. There is no benefit. There's no value to this process. It's just extending the dying process. It's unkind. It's harmful. The parents just remove themselves from the room.

They're in denial. Whilst in their heart, they know this is so unkind and it's causing their child distress, but in their mind it's just about saving their child's life and wanting them to live, but what for?

I find this very difficult to deal with in terms of my emotions and really trying to hide my emotions.

When I see the parents come back into the room because of this conflict, I dread coming into work. I've been on sick leave. I feel I can't talk to any of my fellow colleagues about this because I'm so experienced.

I'm one of the most experienced members of the team yet. It feels as if I'm incapable.

My whole professionalism, I feel inadequate. My professionalism is shattered.

I just don't want to come into work anymore. I dread the shifts.

I just feel that the child needs to, to be able to die. I don't know how to cope.