



# Children's admission to hospital for surgery



Women and Children's Division



#### Introduction

We hope that this leaflet will answer many of the questions that you may have about your child's stay in hospital.

#### **Prior to admission**

#### Preparing your child

There are many things that you can do to prepare your child for coming into hospital. All children (except infants too young to understand) should be told:

- That they are going into hospital
- That they will be having an operation

It is also advisable to give your child a simple explanation of the reason why they have to come into hospital. Everything should be explained to your child in a way that he/she can understand. If you would like advice on what to tell your child or would like to visit the ward before their admission – please contact the ward.

Try to be honest and to talk positively about their hospital stay.

Children between two and three years of age should be told two to three days before theycome to hospital and again on the day of admission.

Children between four and seven years of age should be told four to seven days before the day of admission.

Older children will usually be involved in making decisions about the operation or investigation and discussion can take place a few weeks before the day or admission.

If your child will be staying in hospital overnight, let him or her know if you will be able to stay too. If it is not possible for you to stay with your child, it is important that you explain to them when you will be

able to visit (if your child is to stay overnight, a camp bed is provided forone parent by your child's bed).

Encourage your child to talk about the operation and ask questions. Books, games and storiescan help.

Children may like to help pack their own bag and decide which nightclothes and toys to bring.

#### **Other Considerations**

If your child is ill immediately prior to admission or has been in contact with any of the childhood infectious diseases within 3 weeks of their admission date, please contact the ward for advice.

If your child has had a vaccination within the 3 weeks prior to the operation date, please contact the ward for advice.

#### Consent

A consent form will need to be signed before your child goes to theatre (if this has not already been done at clinic). In order to do this at least one parent/carer with parental responsibility must accompany the child.

## Who has parental responsibility?

Mothers automatically have parental responsibility for their child at birth (which can only beremoved by a court order).

Fathers also have parental responsibility if they are married to the mother when the child is conceived or born, or if they got married to her later (even if they subsequently divorce).

Unmarried fathers **do not** automatically have parental responsibility for their child, but a courtorder or a parental responsibility agreement can give it to them.

However new legislation also gives unmarried fathers parental responsibility if their child wasborn after 1st December 2003 AND they are named on the birth certificate.

The child's legally appointed guardian – appointed either by a court or by a parent with parentalresponsibility in the event of their own death.

A person in whose favour a court has made a residence order concerning the child.

A local authority designated in a court order in respect of the child.

A local authority or other authorised person who holds an emergency protection order in respectof the child.

Grandparents, teachers and child minders don't automatically have parental responsibility, unlessin an emergency, the parent/carer has provided them with designated responsibility.

## On the day of admission

#### Please bring:

- Any medication your child is taking, plus equipment i.e. spacers, inhalers, nebulisers, that isrequired for treatment
- Your child's favourite toy or comforter
- Your child's nightwear, including dressing gown and slippers.
  (If your child is attending for daysurgery they are usually allowed to wear their own pyjamas to theatre)
- Change of day time clothes if your child will be hospital for any length of time
- Toiletries, toothbrush, comb/hairbrush
- Nappies if necessary
- Snacks, drinks (for example, biscuits, sweets, fruit) or favorite foods for after the operation

#### For the parent/carer:

- Cool comfortable clothing
- You mobile phone so you can be contacted
- Money/card should you wish to buy any food etc
- Something to do-book, magazine etc. (if resident-toiletries and nightwear)

## When you arrive on the ward

You will be introduced to the nurse who will be caring for your child and yourself.

This is your named nurse for the day. If your child is staying longer than a day then you may belooked after by a group of nurses within a team. Your named nurse will always co-ordinate yourchild's care.

The nurse will complete the necessary paperwork and take your child's temperature, pulse, bloodpressure and weight if necessary.

Your child will be prepared for a local or general anaesthetic (please see separate leaflets).

Your child will be able to play in the playroom or watch the television until they go to theatre.

Your child may see an anaesthetist and a surgeon before they go to theatre. You will be shown around the parents and children's facilities.

## Helping us care for your child

You know your child best! Your child's named nurse will involve you in all the decisions madeabout your child's care.

Family-centred care is a partnership between the caring team doctors and nurses, and the childand family.

Children cope far better with a hospital admission and recover more

quickly when care is given inpartnership with the family.

#### Children's facilities

There is a playroom with toys and activities for all ages.

Play specialists are available to help with preparation and distraction play. All children should be supervised at all times

There is a hospital school. If your child is in hospital for six days or more, there is a legal requirement that he/she undertakes some school- work during term time provided they are wellenough. You may want to ask your child's own school-teacher for work. The nursing staff will advise you about this.

Each child's bed has a personal television and telephone. The televisions switch off at 19.00. There is an adolescent room with a television for children over 12.

#### Parent's facilities

There is a parent's kitchen with tea/coffee and bread provided. If you wish to bring in your ownfood there is a fridge available.

Further information is available from the Family Support Worker. Your nurse can organise this for you.

There is also a parent's only sitting room. There are shower and toilet facilities.

You are able to use the ward telephone if necessary in an emergency. We would like to remind you that it is hospital policy that all mobile telephones should not be used on the ward area but you may use your mobile in parent areas.

The hospital and the grounds are 'no smoking' areas.

Main hospital facilities include:

- Preston's Café
- Newsagent
- Post box
- Clothes shop
- Cash machine

Opposite the hospital is a small shopping centre including a supermarket.

## Going to the operating theatre

Your nurse will walk with you and your child to the anaesthetic room.

If your child requires a sedative or has mobility problems they will go to theatre either on their bedor a theatre trolley. You will still be able to accompany your child with their nurse.

Your child can take a toy or comforter.

If your child is having a general anaesthetic one parent/carer can stay with him/her until they have received the anaesthetic.

Your nurse will accompany you back to the ward.

Your nurse or doctor will be able to give you some indication of how long your child will be in theatre.

During this time you can, either wait by your child's bed, use the parent's facilities or spend sometime away from the ward. Your nurse can discuss this with you.

## After the operation

At the end of your child's operation they will be taken to the recovery room.

The recovery nurse looking after your child will telephone the ward when your child is ready to return to the ward and the recovery team will bring your child back to the ward where you will meet them.

Some children are sleepy and some are wide awake, this can depend on the type and length of operation and anaesthetic.

Your nurse will discuss the details of the operation with you as soon as possible.

Once your child is settled back in their bed/cot the nurse will take your child's temperature, pulse, and blood pressure, assess their pain and give pain relief as required.

Your child's nurse will monitor your child as appropriate during the recovery time.

Depending on the type of operation your child has had other observations may be necessary, for example checking wounds.

The length of recovery also depends on the type of operation.

Your child will be offered drinks and food as soon as possible.

## Taking your child home

Before you can take your child home he/she needs to:

- Be eating and drinking
- Be getting around safely
- Passing urine (depending on the type of surgery)
- Be as pain free as possible. (Please ensure that you have pain relief medicines at home to give if required.) Your nurse willbe able to give you further advice about this
- You will be given discharge information about caring for your

- child at home. Any appointments that they need will be made for you
- Please remember that after a general anaesthetic you child MUST go home in a private car or taxi NOT by public transport
- You may see a doctor before you go home or your named nurse may discharge your child

## **Parking**

Parking is available on site for a fee.

## **Visiting**

We have an 'open house' policy where there is no set visiting time for parents/carers. There can be 2 visitors per bed.

Children who are visiting should not be left unaccompanied, they are your responsibility.

Please check current visiting rules which may be different due to COVID. If you have any questions regarding these rules please call ward 8 to clarify.

## **Security**

The safety of your child is of paramount importance. We have a security system in place.

All doors to the paediatric wards are secure and the wards are monitored by 24-hour closed-circuit television.

To enter the wards you will need to contact the ward staff by pressing the bell for the video intercom system, which is located by the main doors to each ward.

Your help in maintaining a high level of security is appreciated.

## **Safety**

Please do not leave valuables unattended.

Seek advice before visiting if you are unwell, have a cough or cold or have been in contact withan infectious disease.

Hand washing is very important to avoid infections.

To avoid accidents hot drinks and hot food are not allowed on the ward area.

#### **Advice**

If you need advice or have a problem your named nurse, the ward sister or the ward manager willbe able to help you.

The family support worker is available to support the parents whenever needed. She worksMonday to Friday 7am–3pm: 01772 522398

The Patient Advice and Liaison Service [P.A.L.S.] is a service set up to support patients and their carers/relatives: 01772 522972.

#### **Contact details**

Ward 8 - 01772 522245

You are welcome to contact the ward to ask questions or arrange a visit.

#### Sources of further information

www.lancsteachinghospitals.nhs.uk www.nhs.uk www.patient.co.uk www.accessable.co.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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Lancashire Teaching Hospitals is a smoke-free site. Smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking including Nicotine Replacement Therapy to help manage your symptoms of withdrawal.

If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

#### Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઇતી હોય તો કૃપ|કરીને પૂછો. આ માહિતી મોટા છપાણ માં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

#### Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informatii. Aceste informatii pot fi puse la dispozitie în format mare si în alte limbi."

#### Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

#### Puniabi:

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਚਿ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਗੈੱਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਚਿ ਮਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

#### Urdu:

دو سر ی زیانوں او ر بٹ ی اگر آپ کو دی معلومات سمجھنے کے بئے ل مدد یک ضرورت ہے تو ی کیچھای میں یہ ابیدست ہو ی سکت ہے براغ مہر یبان ہو ے چہدی معلومات

#### Arabic:

مطبو عة بأحر ف كبير 3 و بلغات إذا كنت تريد مساعدة في فهم هذه لمعلو مات يُر جي أن . تطلب

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