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DURHAM, NORTH CAROLINA

Pediatric Intensive Care Unit Opens

A pediatric intensive care unit has been opened at Duke Hospital to provide critically ill children with constant personal and specialized medical care.

According to Dr. Alexander Spock, director of Duke's Pediatric Pulmonary Program, the unit, located on Howland Ward, implements a new concept in the technical management of sick children.

"Patients housed in this intensive care section benefit from a one-to-one nursing ratio plus careful electronic monitoring which permit constant observation and supervision of the patient," Dr. Spock said.

Also, these patients are attended by doctors and nurses who have had special additional training designed to assist children with certain complex and severe illnesses, he added.

The unit accommodates five patients and has been specifically designed to provide care for patients with acute overwhelming respiratory difficulties such as bronchial asthma, pulmonary edema or diffuse pneumonia.

Other patients who may also benefit from the unit are those suffering from shock, diabetic coma, and drug or poison ingestion, as well as severely burned children, brain-injured patients, critically ill post-operative patients and those with heart failure.

A limited access section has been arranged so that patients with rapidly progressing infectious diseases can be isolated in the unit.

The unit has an assortment of specialized equipment such as monitoring devices which enable physicians to observe continuously a patient's heart patterns and heart output. Dr. Spock said that the new unit will prove especially beneficial for pediatric patients with cyanosis (insufficient oxygen) and heart failure.

These patients not only require



JUST FOR KIDS—Dr. Alexander Spock, associate professor of pediatrics, checks over a child in Duke's new pediatric intensive care unit located on Howland Ward. (photo by Thad Sparks)

constant observation of their clinical status, but also continuous watching of their blood gases and blood chemistries. The new intensive care unit is equipped with a small laboratory area where repeated blood gas analyses can be obtained promptly.

"It is sometimes imperative to get a quick blood gas analysis to determine if a patient is receiving the proper amount of oxygen needed to maintain an optimal level in his bloodstream," Dr. Spock explained.

He said it is important that critically ill pediatric patients be grouped together so that the specialized talents of the medical personnel attending them can be put to maximum use. Additionally, because of the improved care provided by a

well-coordinated functioning staff, more serious complications may be prevented.

Before the new unit was opened, a child with bronchial asthma might be located in one area while a burn patient who required the same kind of specialized nursing could be in another room, far removed. This meant the doctors and nurses spent too much of their time 'commuting' from patient to patient.

The hospital has had since 1968 an intensive care nursery which administers to the special needs of ill babies from birth to three months. The new unit takes over where the established intensive care nursery leaves off.

Dr. Spock said children through age 14 can be kept in the new intensive care section.

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