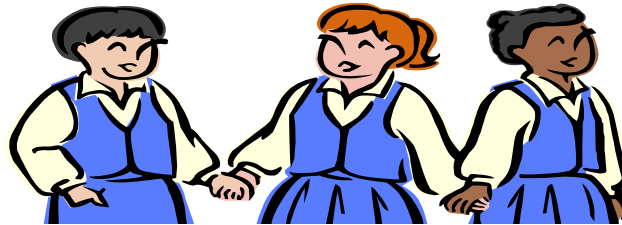


St George's Healthcare NHS Trust

Paediatric Intensive Care New Staff Nurses Orientation Package



NAME:

Preceptor(s):

Team:

Start Date:

Date Completed:

6/52 Interview Date:

3 month Review Date:

6 month review Date:

IPR date:

Welcome to the team!

We are currently a 10-bedded unit admitting from our own paediatric wards, A+E and from the South West of England via the South Thames centralised retrieval service.

Children come to us requiring a variety of intensive and high dependency interventions including advanced ventilatory techniques (oscillation and nitric oxide therapy) and renal replacement therapy.

We care for children requiring levels 1-3 of intensive care. Depending on your experience and skills, initially you will have the opportunity to care for infants and children requiring High dependency Care, then progress to provide care to critically ill children.

Aim of PICU Orientation

The aim of orientation is to enhance the effectiveness of learning and to promote role adjustment in the clinical setting.

The PICU orientation period of support is not to be considered as an extension of the formal programme of education, but one where knowledge, skills and attitudes acquired in the past are applied in practice. As a registered nurse you are accountable for your practice from the point of registration, regardless of any support system provided. Both experienced staff and those new to intensive care will gain a wide variety of experiences and opportunities to consolidate and expand their skills. Staff also have the opportunity to extend their teaching, mentorship and management skills both within PICU and the wider paediatric unit.

The PICU Orientation Programme needs to be considered in the context of the Knowledge and Skills Framework and underpin the knowledge and skills set out in the Foundation Gateway Criteria.

Period of PICU Orientation

The period of support will be 4 weeks to 3 months; however this will depend on individual ability and experience. This will run simultaneously with the Trust Preceptorship programme.

You will be expected to identify other training and development needs and you will be responsible for ensuring the document is complete. A record of this book will provide evidence of compliance with Nursing & Midwifery Council recommendations and recognition that equal opportunities criteria are being met.

The individual may also keep a copy in his/her portfolio.

PICU Orientation Programme

The programme comprises of three main components:

- a) Orientation to the clinical area.
- b) Support and supervision in the clinical area.
- c) Further development of the skills you have already acquired and development of new skills pertinent to paediatric intensive care.

During this period you should expect:-

- Immediate identification of your preceptors on appointment.
- A formal meeting with your main preceptor in the first week to establish your learning needs and to identify learning opportunities. This may include skills

acquired during your training, which may need further development as well as new skills pertinent to PICU.

- A proportion of your time during the preceptorship programme will be spent working with your preceptor. The precise amount of time will vary according to your needs, development and progress. You may be working directly alongside them or they may be in a co-ordinator role. Whichever applies you should have access to your preceptor and be able to raise relevant issues or seek clarification in the course of your day. You have been allocated preceptors/mentors to try and ensure you are working with at least one of them as much as feasibly possible. For the first 3 months, we ask that you ensure you work with one of them. Please ensure you obtain both verbal and written feedback of every shift from your mentors and yourself or any other relevant people that you will have worked with. Your supervision will be to ensure you have the support around you; however you will be expected to take responsibility for your allocated patient once you have completed your supernumerary period.

- Whilst communication with your preceptors is ongoing you should also have a formal meeting part way through your PICU orientation period and again at the end of the orientation programme to assess your progress and development.

This booklet aims to provide you with some information that you may find useful during your orientation period. Please feel free to ask any of us (Matron, Education Team, Sisters) about anything that you are unsure about.

The Trust Preceptorship booklet should be completed alongside the PICU one.

GENERAL OBJECTIVES

The following objectives have been agreed that you will need to achieve during this period. They are:

1. Completion of competencies in this booklet by the end of your orientation programme.
2. Ability to communicate clearly and accurately either when passing/sharing information, requesting help or raising concerns. Be conversant in using the SBAR tool where appropriate
3. Ability to provide and create a calm reassuring environment for patient, family and those working in the unit.
4. Demonstrate knowledge and understanding of escalating concerns, difficult situations/circumstances, risks and untoward incidences using Trust and Unit approved processes/procedures.
5. Demonstrate and provide evidence of the ability to organise own workload including breaks, ward round, providing patient care, scheduled meetings, and other relevant specific responsibilities.

These can be evidenced by:

- Prioritizing clinical responsibilities,
 - Providing timely service, and
 - Seeking appropriate help and support.
6. Demonstrating the ability to use information technology to improve knowledge and clinical skills.

7. Demonstrate knowledge and understanding of the Trust values and translate these into the unit philosophy and demonstrate appropriate skills in complying and supporting these values through;

- Demonstrating commitment to carrying out professional responsibilities and adherence to ethical principles.
- Demonstrate sensitivity and respect to a diverse patient population, colleagues and other health professionals.

Please provide evidence for all the achieved objectives to your mentors and during your reflection sessions

Where is PICU?

PICU can be found on the first floor of Lanesborough wing. If you take the lift or the stairs to the first floor, PICU is clearly sign-posted. The neonatal unit and Jungle ward (paediatric day care) are also on this floor. Children's outpatients are on the ground floor. Frederick Hewitt (paediatric medical), Nicholls (paediatric surgery) and Pinckney (paediatric oncology and infectious diseases) wards can be found on the fifth floor. You will have a chance to learn your way around during your orientation period.

Parents' facilities

We are fortunate to have a parents' waiting area, two bedrooms and a parents' kitchen situated on the same floor just opposite the unit. Further accommodation is also available within the paediatric unit and in Ronald Macdonald House situated within the Hospital premises. We have an open visiting policy although we only allow two visitors with a child at any one time.

Patient area

We have an open area with a central nurse's station and two isolation cubicles. All the bed spaces are set up in the same way.

Staff facilities

We are fortunate to have a staff lounge and kitchen (which contains a microwave, fridge). Lockers and a place to hang coats are also available for staff on each shift. (Please do not use lockers while not at work).

Other areas

PICU also includes a seminar room (used for handover, ward rounds and teaching), various offices and store rooms.

Shift Patterns

The majority of staff work 11.5 hour shifts (with one hour break time.)

Long Days = 0745-2015

Long Nights = 1945-0815

On average we work 1-2 weekends per 4 week period and 4-7 nights. We attempt to accommodate staff preferences as much as possible. Each shift starts with a general handover in the seminar room followed by individual handovers between the nurses at the bedside.

If you would prefer to work 7.5 hour shifts or have any specific requests or needs then please feel free to discuss these with either of the unit sisters or the person responsible for the off duty.

Annual Leave

The annual leave year runs from April to March. The exact number of days, which you are entitled to, will be calculated by Human Resources. We have an annual leave folder on the unit with a set number of staff, at each grade, being able to have leave at any one time. Please let us know your requests early.

Flexing on/off

During the summer months the unit tends to be quieter. We provide staff with an opportunity to flex-off shifts if they wish, paying these back when the unit is busier

or being rostered an extra shift in your next off duty. This may also involve agreeing to be on-call.

Breaks

Shifts include a 15 minute coffee break and two half hour meal breaks. These can be spent either on or off the unit. The hospital restaurant is open at meal times and there are various other snack facilities available during the rest of the day. Breaks, at night, can either be split or taken together. Breaks are negotiated with the nurse in charge on each shift. Please ensure that you are ready to go at the agreed time and that you handover your child to another member of staff.

Orientation

Included in this booklet are competences that you will need to complete. These are to be completed within the first three months, and prior to commencing your PICU course. However the length of time you take will depend upon your past experiences and individual needs.

Teams

We are divided into four teams. You have been allocated into a team and a preceptor for support and IPR purposes. Team days are arranged every 4 to 6 months to enable teams to work on projects together, carry out individual work or discuss issues. If you are experiencing problems or concerns, please speak to your preceptor or one of the sisters/ the practice educators or lecturer practitioner.

Education programme/ study days

A programme of both theoretical and practical study days is arranged within the unit covering a wide variety of topics.

There is some funding available to undertake outside courses and study days.

The Paediatric Intensive care course runs within the unit and staff who do not have this course or an equivalent are encouraged to apply. To be taken onto the Paediatric Intensive Care course, you are expected to successfully complete all the relevant workbooks that will be given to you by the Practice Educator.

Rotation to other areas

Experience within the other paediatric or intensive care areas at St George's and with the centralised retrieval team can also be arranged if one is interested and depending on the unit's workload.

Sickness

If you are going off sick we would appreciate you letting us know as soon as possible. This is done through telephoning the hospital switchboard 020 8672 1255 and speaking to the senior paediatric nurse on duty (Bleep 6448). Please also let us know when you are planning to return, you must keep daily contact unless you are signed off for a period of time by your GP.

Staff support

As you are aware PICU can be a very stressful environment in which to work. We aim to provide a friendly, supportive team. Staff support sessions are arranged as required. The hospital chaplain and unit psychologist are also willing to discuss issues with staff. There is a hospital counselling service available.

Unit team

We have a closely working multidisciplinary team on the unit. Some useful names are:

Unit Director/consultant anaesthetist	Dr Linda Murdoch
Consultant Anaesthetist	Dr Caroline Davidson
Consultant Intensivist	Dr Jonathan Round
	Dr Anami Gour
	Dr Martin Gray
	Dr Soumendu Manna
Matron	Carol Kennelly
HDU Nurse Consultant	Colin Way
Unit Sisters/charge nurse	Georgina Willcock
	Anita D'Souza
Practice Educators	Annette Watsulu
Lecturer practitioner	Usha Chandran

Medical staff include both paediatric and anaesthetic registrar, SHO, clinical fellow, Microbiologist etc. Nursing staff are at band 5, 6, 7 and 8. We also have a team of health care assistants and the support of a unit secretary.

Parking

Parking, within the hospital grounds is via a permit, allocated on a lottery basis each year. At weekends and for night duty it is possible to park free on the perimeter road. A pay and display/ resident permit system operates on some of the roads.

Unit telephone numbers

(0208) 725 1932

(0208) 725 3889

PROCEDURES TO BE AWARE OF:

Telephone

- ❖ Use hospital bleep system
- ❖ Fast bleep someone
- ❖ Know where to locate information on which doctors are covering PICU and their bleep numbers
- ❖ The productive ward Boards

Know where to find commonly used telephone Numbers

- ❖ Bleep and extension number
- ❖ Procedure for answering phones
- ❖ Transferring calls to another extension

Computer

- ❖ Admit a patient
- ❖ Discharge/transfer a patient
- ❖ Look up blood results
- ❖ Access trust email
- ❖ View X rays/PACS
- ❖ Register with iclip
- ❖ Booking Transport

Emergencies

- ❖ Know how to promptly summon assistance
- ❖ Procedure to be followed in the event of an arrest

Procedure to be followed in the event of a fire

- ❖ Procedure to be followed in the event of a security alert
- ❖ Procedure to be followed in the event of an accident/ adverse
- ❖ Incident/ Complete Datix form

Parents/Visitors

- ❖ Arrange a parking permit for resident parents
- ❖ Advise parents about the facilities available on the unit and within the hospital
- ❖ Complete parent's meal voucher
- ❖ Arrange meals for breastfeeding mothers

- ❖ Parents Accommodation

Meals

- ❖ Arrange meals for a child
- ❖ Procedure for checking patient milk feeds from milk kitchen

Sickness/off duty/annual leave

- ❖ Procedure for reporting sick
- ❖ Requesting off duty/annual leave
- ❖ Flex time/ time owing

Miscellaneous

- ❖ Use the specimen Shute system
- ❖ Use PICU door intercom system
- ❖ Arrange an x-ray for a child on the unit
- ❖ Know how to report a fault i.e. broken door, cubicle ventilation system
etc
- ❖ Know how to bleep the emergency engineers out of hours
- ❖ Know where to find and how to use moving and handling equipment
- ❖ Procedure for transfer of patient from PICU to ward (SGH or DGH)
- ❖ In event of Bereavement, what needs to be done and the paper work to be completed.

Name the following people on PICU and their role on PICU

- ❖ Dietician:
- ❖ Physiotherapist:
- ❖ Unit technician:
- ❖ Pharmacist:
- ❖ Clinical Psychologist:
- ❖ Chaplain:
- ❖ Occupational Therapist:
- ❖ Liaison Health Visitor:
- ❖ Play therapist:
- ❖ Safeguarding Lead Nurse for Trust

List all the areas where these products are stored in the unit:

- ❖ Suction equipment
- ❖ IV Cannulation/administration equipment including CVVH lines
- ❖ Enteral feeding equipment & feeds
- ❖ Dressings
- ❖ Monitoring equipment and name
- ❖ Locate all areas for storage of drugs
- ❖ Admission, paperwork/book
- ❖ Play equipment
- ❖ Urinary catheters, collection methods, testing equipment

Policies to read during first 8 weeks on PICU

- ❖ Sickness and Absence
- ❖ Study Leave
- ❖ IPR
- ❖ Fire
- ❖ Smoking
- ❖ Violence and Aggression
- ❖ Drug Administration
- ❖ Uniform
- ❖ Major Incident
- ❖ Infection control

PICU Procedures to be aware of

- ❖ Communication
- ❖ Message Book
- ❖ Team Meetings
- ❖ Message Pot
- ❖ Memo Folder
- ❖ Email System
- ❖ Staff Post

Study Entitlement

- ❖ Applying for Study Leave
- ❖ Mandatory Study
- ❖ Development Days

All the sections must be dated and signed by the staff and the assessor

COMMUNICATION

SKILL	Discussed/Observed By 30 th June 2011	Practiced By 31 st July 2011	Competent By 1 st September 2011
Consistently provide an accurate and concise hand-over summary of a patient's status for the succeeding shift and during rest breaks.			
Consistently provide all relevant information regarding changes in a patient's status and care to the nurse in charge.			
Provide an accurate and concise summary of all relevant information regarding a patient's status and care to the nurse taking over care of the patient on the ward.			
Identify all the members of the MDT relevant to a patient's care.			
Demonstrate through consistent practice an awareness of the needs of patients.			
Demonstrate through consistent practice an awareness of the needs of relatives.			
Demonstrate an awareness of the needs of other staff members.			
Demonstrate through consistent practice an ability to communicate effectively and reassuringly to act as an advocate for patients			
Demonstrate through consistent practice an ability to communicate effectively and reassuringly to act as an advocate for relatives.			
Demonstrate through consistent practice effective communication of information with members of the MDT or senior staff relevant to a patient's care.			
Demonstrate through trust email effective IT communication.			
Addresses patients as they wish to be addressed			
Reports inappropriate actions of others using the right channel			

All the sections must be dated and signed by the staff and the assessor.

PERSONAL AND PEOPLE DEVELOPMENT

SKILL	Discussed/Observed	Practiced	Competent
Takes responsibility for achieving agreed personal development.			
Complete trust IV study day and oral/IV PICU competencies.			
Complete Mandatory training.			
Demonstrate through consistent practice an ability to prioritise patient care appropriately.			
Arrive at work promptly and works effectively during agreed hours.			
Take appropriate breaks, for allocated time, co-ordinating with other staff.			
Consistently demonstrate effective time management, finishing shifts on time.			
Consistently demonstrate through practice the ability to support and be aware of other staff needs.			
Consistently demonstrate through practice the ability to support and be aware of other patient's needs.			
Addresses patients as they wish to be addressed			
Recognises the importance of people's rights, expressed beliefs, preferences and choices.			
Reports inappropriate actions of others			

All the sections must be dated and signed by the staff and the assessor.

DOCUMENTATION

SKILL	Discussed/Observed	Practiced	Competent
Correctly, legibly and comprehensibly complete the holistic assessment of a patient using the care plan, including all relevant information.			
Correctly, legibly and comprehensibly completes goals and a plan of holistic care for a patient using the care plan, including all relevant information.			
Correctly, legibly and comprehensibly complete the holistic evaluation of a patient using the care plan, including all relevant information.			
Correctly and legibly record observations on a patient throughout a shift.			
Correctly and legibly record fluid observations on a patient throughout a shift.			
Correctly and legibly record laboratory sample results.			
Competently plan and prepare to receive a patient into PICU care by setting up a bed space			
Correctly fill in admission information into the book and onto iclip.			
Perform bedside checks for a high dependency child			
Competently prepare to discharge a patient.			
Correctly fill in discharge information into the book and onto iclip			
Correctly completes all risks assessment charts i.e. Waterlow, Manual handling score			
Demonstrate the ability to complete relevant paperwork: <ul style="list-style-type: none"> • Care plan for PICU and Ward • Transfer checklist • Bedside checklist 			
Recognises changes in patient's condition and applies appropriate intervention and documents all relevant changes, interventions and response.			
Consistently demonstrate evidence-based practice through use of Trust and Unit protocols and guidelines.			

All the sections must be dated and signed by the staff and the assessor.

SKILL	Discussed/Observed	Practiced	Competent
Competently set up & clear away a bed space			
Record observations on child requiring high dependency care			
Maintain accurate fluid balance chart			
Accurately Completes fluid calculation chart for : Under 1yr old Over 1yr old			
Check resuscitation and airway trolley. Check intubation drug tray			
Base Intensive <ul style="list-style-type: none"> • Admit patient on base <ul style="list-style-type: none"> ○ Name ○ Age ○ Weight ▪ Administer pre-programmed bolus/loading doses ▪ Change syringe pump pressure limits from base ▪ Channel relay – for HDU child on inotropes 			
Syringe pump (Both types of pumps): <ul style="list-style-type: none"> • Insert syringe correctly • Confirm syringe size and make • Change infusion rate • Read volume infused • Clear volume infused • Give program bolus from pump • Troubleshoot syringe driver when alarms • Change pressure limits on pump Drug library <ul style="list-style-type: none"> • Select drug name from lists • Use Family X function as appropriate • Program concentration • Program rate • Start infusion 			

SKILL	Discussed/Observed	Practiced	Competent
Use Kangaroo pump <ul style="list-style-type: none"> • Choose correct giving set for feed (ensure correct feed chosen) • Insert set into pump • Clear volume infused • Set rate • Set dose – if required • Clear dose set – if non required • Read volume infused • connect to gastrostomy/NG tube 			
Demonstrate knowledge and understanding of the type of feed for patient using PICU feeding protocol.			
Demonstrate the ability to consistently and accurately use the PICU feeding protocol			
Demonstrate ability to accurately calculate patient feed requirement for: Under 1yr old Over 1yr old			
Demonstrate the ability to insert a Nasal Gastric Tube and Nasojejunal Tube safely			
Demonstrate the ability to feed patient via : NGT NJ PEG Other			

All the sections must be dated and signed by the staff and the assessor.

SKILL	Discussed/Observed	Practiced	Competent
Monitoring: Select appropriate leads and commence monitoring of: <ul style="list-style-type: none"> • 3 lead ECG • Pulse oximetry • Peripheral temperature monitoring • Non-invasive blood pressure • Invasive blood pressure monitoring • CVP 			
Place monitor on standby			
Set appropriate alarm limits on monitor			
Set up a CVP/Arterial transducer set (for HDU child) <ul style="list-style-type: none"> • Run through set • Set pressure bag appropriately • Place correct size filter on CVP line • Label all lines 			
Complete nursing documentation on the unit: <ul style="list-style-type: none"> • Admission • Discharge • Transfer 			
Iclip & EPR <ul style="list-style-type: none"> • Admission • Discharge • Blood results • X-rays 			

All the sections must be dated and signed by the staff and the assessor.

SKILL	Discussed/Observed	Practiced	Competent
EME Infant Flow Driver <ul style="list-style-type: none"> • Choose correct nasal prongs/mask • Select appropriate flow • Adjust alarm limits • Size infant for hat Record appropriate parameters			
Aware of age appropriate vital signs(TPR,BP , GCS,ICP monitoring) <ul style="list-style-type: none"> • infants • children 			
Administer oxygen via <ul style="list-style-type: none"> • Nasal Cannula • Head Box • Face mask 			
Perform suction via <ul style="list-style-type: none"> • Nasopharyngeal • Oropharyngeal • Tracheostomy • ETT 			
Hayek RTX Perform calibration when initially switched on <ul style="list-style-type: none"> • Select appropriate size cuirass • Put seal on cuirass • Attached tubing to cuirass and RTX • Choose mode <ul style="list-style-type: none"> ○ Cont Negative ○ Control ○ Resp triggered ○ Resp synchronised ○ Secretion clearance • Record appropriate parameters • Adjust parameters • Adjust alarm limits 			

All the sections must be dated and signed by the staff and the assessor.

SKILL	Discussed/Observed	Practiced	Competent
Evita XL ventilator: <ul style="list-style-type: none"> • Record settings and measurements for <ul style="list-style-type: none"> ○ CPAP ○ BiPAP ○ APRV ○ SIMV • Set appropriate alarm limits • Set appropriate humidifier temperature • Place ventilator on standby • Administer nebuliser through ventilator 			
Procedure for moving/ positioning a ventilated infant/ child			

ANY OTHER SKILLS

All the sections must be dated and signed by the staff and the assessor.

Personal Objectives	Resources/training required	Goal date for completion	Date Completed
Attend Mandatory Study day for this year			
Complete Medical Devices (Especially those that are used with HDU Patients)			
Complete blood product handling Competency			
Demonstrate ability: <ul style="list-style-type: none"> • To write accurate and appropriate nursing evaluation • To hand over information to colleague/other MD professionals • To communicate appropriately, information to patient and family/relevant others 			
Complete the post IV Study PICU worksheet and competency			
Complete the neuro package and complete clinical competence to reflect the theory in the package			
Participates in audits.			

1st Review

Review of progress to date:

Objectives for next Phase:

Strategies through which to meet these objectives:

Mentor's review of progress:

Staff Signature:

Mentor's signature:

Date:

2nd Review

Review of progress to date:

Objectives for next Phase:

Strategies through which to meet these objectives:

Mentor's review of progress:

Staff Signature:

Mentor's signature:

Date:

3rd Review

Review of progress to date:

Objectives for next Phase:

Strategies through which to meet these objectives:

Mentor's review of progress:

Staff Signature:

Mentor's signature:

Date:

4th Review

Review of progress to date:

Objectives for next Phase:

Strategies through which to meet these objectives:

Mentor's review of progress:

Staff Signature:

Mentor's signature:

Date:

5th Review

Review of progress to date:

Objectives for next Phase:

Strategies through which to meet these objectives:

Mentor's review of progress:

Staff Signature:

Mentor's signature:

Date:

6th Review

Review of progress to date:

Objectives for next Phase:

Strategies through which to meet these objectives:

Mentor's review of progress:

Staff Signature:

Mentor's signature:

Date:

Reflective Journal

Date:

Description of events:

Analysis of the situation:

What I learned:

How can I apply my learning to future situations?

Reflective Journal

Date:

Description of events:

Analysis of the situation:

What I learned:

How can I apply my learning to future situations?

Reflective Journal

Date:

Description of events:

Analysis of the situation:

What I learned:

How can I apply my learning to future situations?

Preceptorship Program Audit / Evaluation

Name: (anonymous if preferred).....

Please circle the number that best describes the contribution of

your preceptor to the development of your knowledge and skills during the preceptorship period.

The range is:

1 – Strongly agree **2** – Agree **3** – Neither **4** – Disagree **5** – strongly disagree.

During your preceptorship programme, your preceptor:

1). Reviewed the programme and your individual objectives at commencement.

1 **2** **3** **4** **5**

2). Provided an adequate orientation to the clinical setting.

1 **2** **3** **4** **5**

3). Role-modelled professional practice & behaviours.

1 **2** **3** **4** **5**

4). Provided appropriate learning experiences that enabled you to utilise knowledge and skills learned during your course.

1 **2** **3** **4** **5**

5). Provided a sufficient number of learning experiences appropriate for your level of competency.

1 **2** **3** **4** **5**

6). Provided clinical advice and support to enable you to become more confident in your practice.

1 2 3 4 5

7). Created conditions that were conducive to your learning and self-evaluation.

1 2 3 4 5

8). Assessed you directly when appropriate and provided constructive feedback.

1 2 3 4 5

9). Was easily accessible and allocated sufficient time for consultation.

1 2 3 4 5

10). Periodically reviewed your progress toward the achievement of competency objectives.

1 2 3 4 5

11). Evaluated your overall performance and shared it with you and the ward manager.

1 2 3 4 5

Please rate your overall level of satisfaction with these elements of your experience.

12). The preceptor. 1 2 3 4 5

13). The staff. 1 2 3 4 5

14). The clinical setting. 1 2 3 4 5

15). The Practice Education Team. 1 2 3 4 5

Please comment on the period of time allowed for the Preceptorship programme.

What were the positive aspects of the programme?



What could be improved?



With regards to the booklet, what would you change?



Please offer any other comments (continue on a separate sheet if needed).

Finally, please circle which recommendation you would make for future preceptees based on your experience.

1 Highly Recommend

2 Recommend

3 Recommend with reservations

4 Do not recommend

Thank you for completing this preceptor evaluation.

Please photocopy and return the evaluation form (anonymous if preferred) to:

Annette

Watsulu.

CONGRATULATIONS!

You have completed your first 6 months here on St Georges PICU. We hope you've enjoyed it and feel you are settling in the unit well. Often it is easy to focus on how much still needs to be done, while forgetting how much has already been achieved. Take a moment to look back through this package and congratulate yourself on your progress. Remember ALL staff on PICU are here to help you, so please don't hesitate to ask any of us for further help and guidance.